

**Goodland Family Health Center
Health History Information**

Social History:

History Of Tobacco Use?	Yes	No		
Smoking Status:	Current	Amount Per Day:	Former	Date Quit:
Chewing Tobacco Use	None	1/day	2-4/day	5+/day
Vaping/E-cigarette Use	Yes	No	Amount Per Day:	
Illicit Drug Use	Yes	No	Type:	
Alcohol Use:	None	Occasional	Moderate	Heavy

Code Status	Full Code	DNR	DNI	DNR/DNI
Advanced Directives	Yes		No	
Medical Durable Power Of Attorney (DPOA)	Yes		No	

Occupation				
Employment Status	Full-time	Part-time	Retired	Disabled
Education Level	Less Than 8 th Grade	High School	2 Year College 4 Year College	Post Graduate
Relationship Status	Single	Married	Divorced	Widowed
Number of Children				
Living Arrangements	Lives Alone	With Others		
Home Type	Single Level	Multi-level		
Exercise Level	None	Occasional	Moderate	Heavy
General stress level	Low	Medium	High	
Diet Type				
Caffeine intake	None	Occasional	Moderate	Heavy

Surgical History (with approximate dates):

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Past Medical History:

ADD/ADHD	YES	NO	Heart attack/MI	YES	NO
AIDS/HIV	YES	NO	Heart disease	YES	NO
Abuse/domestic Violence	YES	NO	Heart problems	YES	NO
Allergies/hayfever	YES	NO	Hematologic disease	YES	NO
Anemia	YES	NO	Hepatitis	YES	NO
Anesthesia Complications	YES	NO	Hernia	YES	NO
Anxiety Disorder	YES	NO	High cholesterol	YES	NO
Aortic Aneurysm	YES	NO	Hospitalizations	YES	NO
Arrhythmia	YES	NO	Hyperlipidemia	YES	NO
Arthritis	YES	NO	Hypertension	YES	NO
Asthma	YES	NO	Hyperthyroidism	YES	NO
Atrial Fibrillation	YES	NO	Hypothyroidism	YES	NO
Atrial Flutter	YES	NO	Infertility	YES	NO
Autism Spectrum Disorder (ASD)	YES	NO	Kidney disease	YES	NO
Autoimmune Disease	YES	NO	Kidney stones	YES	NO
Bedwetting	YES	NO	Leg or foot ulcers	YES	NO
Birth Defects Or Inherited Disease	YES	NO	Liver disease	YES	NO
Bladder Or Kidney Problems	YES	NO	Lung disease	YES	NO
Bleeding Disorder	YES	NO	MRSA exposure	YES	NO
Blood Clot	YES	NO	Meniere's Disease	YES	NO
Blood diseases	YES	NO	Mental disorder	YES	NO
Blood transfusion	YES	NO	Mental illness	YES	NO
Breast cancer	YES	NO	Muscle, joint, or bone problems	YES	NO
Breast problem	YES	NO	Myocardial infarction	YES	NO
Bronchitis	YES	NO	Neck injury	YES	NO
COPD	YES	NO	Neurological disorder	YES	NO
Cancer	YES	NO	Neuropathy	YES	NO
Cardiomyopathy	YES	NO	Obesity	YES	NO

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Carotid disease	YES	NO	Organ transplant	YES	NO
Carpal tunnel	YES	NO	Osteoporosis	YES	NO
Chicken pox	YES	NO	Other	YES	NO
Chronic ear infections	YES	NO	Ovarian cancer	YES	NO
Congenital heart disease	YES	NO	Pacemaker	YES	NO
Congestive heart failure	YES	NO	Peripheral arterial disease	YES	NO
Constipation	YES	NO	Peripheral vascular disease	YES	NO
Coronary artery disease	YES	NO	Polyps	YES	NO
Deep vein thrombosis	YES	NO	Pre-eclampsia	YES	NO
Depression	YES	NO	Pulmonary embolism	YES	NO
Developmental or behavioral disorders	YES	NO	Reflux/GERD	YES	NO
Diabetes	YES	NO	Rheumatoid arthritis	YES	NO
Difficulty swallowing	YES	NO	Seizure/epilepsy	YES	NO
Diverticulitis	YES	NO	Serious illness/injuries	YES	NO
Ear or hearing problems	YES	NO	Skin problems	YES	NO
Eating disorder	YES	NO	Sleep apnea	YES	NO
Eczema	YES	NO	Sleep disorder	YES	NO
Emphysema	YES	NO	Stroke	YES	NO
Endometriosis	YES	NO	TIA	YES	NO
Fibromyalgia	YES	NO	Thromophilias	YES	NO
GI problems	YES	NO	Thyroid disease	YES	NO
Gastrointestinal disease	YES	NO	Tuberculosis	YES	NO
Genitourinary disease	YES	NO	Ulcers	YES	NO
Gout	YES	NO	Varicosities	YES	NO
Head trauma/injury	YES	NO	Vision or eye problems	YES	NO
Headaches	YES	NO	Warfarin management	YES	NO