

School Based Health Care – KU Wichita USD 261 Haysville

PATIENT HISTORY FORM

NAME _____ **DOB** _____ **TODAY'S DATE** _____

Why are you here today? _____

LIST YOUR ILLNESSES, HOSPITALIZATIONS, SURGERIES, AND INJURIES:

Date	Reason
_____	_____
_____	_____
_____	_____

LIST YOUR CURRENT MEDICATIONS AND SUPPLEMENTS:

Name of Medicine	Strength	Directions for use
_____	_____	_____
_____	_____	_____
_____	_____	_____

ANY ALLERGIES (Medications, Food, Etc.)

IMMUNIZATION HISTORY:

Last Tetanus (Td or Tdap) _____ Last Influenza _____

Have you received a Pneumonia vaccine? YES NO Have you received a Shingles vaccine? YES NO

FAMILY HISTORY:

Relationship	Age	Any Health Problems
<u>Father</u>	_____	_____
<u>Mother</u>	_____	_____
<u>Sibling(s)</u>	_____	_____
<u>Children</u>	_____	_____

Has any blood relative ever had?:

Cancer	YES	NO	High Blood Pressure	YES	NO	Convulsions	YES	NO
Tuberculosis	YES	NO	Diabetes	YES	NO	Emotional Problems	YES	NO
Heart Trouble	YES	NO	Stroke	YES	NO	Substance Abuse	YES	NO
Gout/Arthritis	YES	NO	Bleeding Tendency	YES	NO			

SOCIAL HISTORY (Circle One):

Marital Status: SINGLE MARRIED SEPARATED DIVORCED WIDOWED

Sexual Preference: MALE FEMALE BOTH

Have you been sexually active in the last month? YES NO

How many people live in your household? _____ What form of transportation do you use? _____

Employed outside of the home? YES NO What is your job title? _____

Are you or have you ever been exposed to fumes, dusts, or solvents? YES NO

Do you use tobacco (cigarettes, cigars, pipe, chewing tobacco)? YES NO If no, previous use? YES NO

Amount used (previous or current)? _____ Packs per day

Do you use alcoholic beverages? YES NO Amount used? _____ Drinks per week _____

Have you ever used any of the following? MARIJUANA ____ COCAINE ____ HEROIN ____ METHAMPHETAMINE ____

OTHER IV DRUGS ____

