

DOUGLAS W. HOLTE, M.D.
BROKEN ARROW FAMILY PRACTICE

DATE _____

HEALTH HISTORY

NAME _____ D.O.B. _____ SEX M/F AGE _____

MARITAL STATUS: single married divorced widowed separated

PT OCCUPATION: _____

CHILDREN: boys(ages) _____ girls(ages) _____

TOBACCO USE: cigars/cigarettes/chewing tobacco, packs _____ years _____ Quit _____

ALCOHOL USE: beer/wine/liquor Number _____ per day/week/month

CAFFEINE USE: coffee/sodas/tea Number _____ per day

HOW IMPORTANT IS RELIGION/SPIRITUALITY TO YOU? 0 1 2 3 4 5 6 7 8 9 10

MEDICAL PROBLEMS/DIAGNOSIS (CHECK IF YOU HAVE ANY OF THESE)

Anemia	Atrial fib	Arrhythmia	Asthma	Alzheimers
Aneurysm	Anxiety	Arthritis	ADD/ADHA	High cholesterol
COPD	Breast cancer	Colon cancer	Blood clots	Depression
Diabetes	Cataracts	GERD	ULCERS	Diverticulitis
Gout	Goiter	Glaucoma	Hypertension	Hepatitis
Herpes	Hemorrhoids	Hypothyroidism	Hyperthyroidism	Headaches
Heart disease	Kidney dx	Osteoporosis	Menopausal sx	Irritable bowel
Stroke	Valvular heart	Sleep apnea	Pacemaker	Prostate dx

REGULAR MEDICATIONS, INCLUDE DOSE IN MG, HOW OFTEN TAKEN

ALLERGIES: medications and other substances

SURGERIES AND PROCEDURES: mark all that apply or add others not listed

Appendix	Gallbladder	Cataracts	Hernia	Hemorrhoids
Hip	Back	Neck	Knee	Colon surgery
Breast	Coronary bypass/stents	Pacemaker	EGD	Colonoscopy
Thalium /stress test	Heart cath	Echocardiogram	Tonsils	Nasal surgery
Hysterectomy partial/complete				

WOMEN: LAST PAP SMEAR _____ NML/ ABNML, LAST MAMMOGRAM _____

MEN: LAST PROSTATE EXAM _____ LAST PSA _____ NML/ABNML

IMMUNIZATIONS: (date) FLU SHOT _____ TETANUS _____ PNEUMONIA _____

Family History (include family member(s) and age at onset)

High Blood Pressure _____

Diabetes _____

Heart Disease _____

Cancer _____

Other _____
