

Date Aug 08 2012

ADOLESCENT/ADULT HEALTH HISTORY

Name Freda A Rosca

- What is the reason for your visit today? _____
- Is there anything about you and your health that we need to know? No
- List medicine, drugs, or food you are allergic to: _____
- List any medicines or drugs you take: _____

5. Have YOU or anyone in your family had any of the following: (circle)

heart disease	diabetes/sugar	tuberculosis	nerve or mental problems
high blood pressure	blood problem or disease	birth defects	asthma
stroke	cancer	mental retardation	died before age 50
			other "family" disease

- Have you ever been in the hospital? No Why? _____
- Have you ever had surgery? No Why? _____
- Have you ever had a serious accident? No
- Have you had serious or recent problems with:

ears or throat	NO YES	cough	NO YES	kidneys	NO YES	gallbladder	NO YES
allergies	NO YES	thyroid	NO YES	weight loss	NO <u>YES</u>	liver	NO YES
lung infections	NO YES	skin problems	NO YES	ulcers	NO <u>YES</u>	depression	NO YES
						headaches	NO <u>YES</u>

- Have you ever had a seizure, convulsion, or "falling out" spell? NO YES
- Have you ever had a blood clot in your lungs, legs or anywhere? NO YES
- Have you ever smoked cigarettes or used smokeless tobacco? NO YES

If yes, are you an: Ex-smoker? Smoking now? Do you smoke (less) (more) than a pack a day?

How much smokeless tobacco do you use a day? _____

- How often do you drink beer, wine, wine coolers, or liquor?
☒ Never Rarely 1-2 times a week 3-4 times a week 5 or more times a week
 If you drink beer, wine, wine coolers, or liquor, do you have:
 (less) (more) than 5 drinks a day? 4

- Have you ever used marijuana, cocaine, crack or other drugs? NO YES
- Have you ever used I.V. drugs? NO YES
- Have you ever had a blood transfusion? NO YES
- Do you have any tattoos? NO YES
- Have you ever been treated for a venereal disease? NO YES
- Have you had more than one sex partner in the past 5 years? NO YES
- Have you ever had sex with a member of your own sex? NO YES
- Have you had or been around anyone with hepatitis? NO YES
- Would your sex partner(s) answer Yes to any of the questions 14-22? NO YES

FOR FEMALES ONLY

- How old were you when you started your periods? 13 Date of your last period? Aug 01 2012
 How often do you have your periods? Once a month Are they regular? Yes
 How many days do they last? 7-8
 Do you have: (circle) bad cramps bleeding or spotting between periods unusual discharge
- Do you have any problems with your breasts (lumps, discharge, or other)? NO YES
 Do you check them regularly? YES NO
- How many times have you ever been pregnant? 0 How many children are living? 0
 Have you ever had any children born dead; any stillbirths, miscarriages, or abortions? NO YES
 Were any of your children premature? NO YES
 How old were you when your first child was born? 0
- Have you ever used: (circle NO/YES) birth control pills? NO YES, foam? NO YES, condoms? NO YES, IUD? NO YES, diaphragm? NO YES
- Did you have problems with any of these methods? NO YES
- Have you ever had an abnormal PAP smear? NO YES