Bolingbrook Christian Health Center
Serving One Another in Love
Galations 5:13

Medical History

Name _____ **DOB** _____ **Date** _____

History/ Problems - list all with dates ☐ No hospitalizations ☐ No operations

- ☐ Hypertension _____
- ☐ Hyperlipidemia _____
- ☐ Heart Murmur _____
- ☐ Arrhythmia _____
- ☐ Heart Trouble _____
- ☐ Stroke _____
- ☐ Cancer _____
- ☐ Headaches _____
- ☐ Seizures _____
- ☐ Bleeding Problems _____
- ☐ Allergies _____
- ☐ Asthma _____
- ☐ COPD _____
- ☐ Pneumonia _____
- ☐ Venereal Disease _____
- ☐ Scarlet Fever _____
- ☐ Rheumatic Fever _____
- ☐ Liver Disease _____
- ☐ Diabetes _____
- ☐ Other _____
- ☐ Ulcer _____
- ☐ GI Disorder _____
- ☐ Sexual Dysfunction _____
- ☐ Menstrual Dysfunction _____
- ☐ Incontinence _____
- ☐ Anemia _____
- ☐ Arthritis / Gout _____
- ☐ Thyroid Disease _____
- ☐ Depression _____

Medications ☐ None ☐ Multiple (see below)

Allergies ☐ None ☐ Multiple (list below)

Hospitalization or Surgery

Reason	***Date***	***Reason***	***Date***

Family Medical History	*Father*	*Mother*	*Father's Parents*	*Mother's Parents*	*Siblings*	*Children*
Heart Disease	☐	☐	☐	☐	☐	☐
High Blood Pressure	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐
Epilepsy / Convulsions	☐	☐	☐	☐	☐	☐
Bleeding Disorder	☐	☐	☐	☐	☐	☐
Thyroid Disease	☐	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐	☐	☐

Substance (Use History)	***Sleep Habits***	***Dietary Habits***	***Social History***
☐ Caffeine	☐ Difficulty falling asleep	☐ Salt intake	☐ Single
☐ Tobacco	☐ Continuity - Disturbances	☐ Fat intake	☐ Marries
☐ Alcohol	☐ Snoring	☐ Calcium intake	☐ Common law
☐ Recreational drugs	☐ Early morning awakening	☐ Exercise routine _____	☐ Divorced / Separated
☐ Traditional medicines	☐ Daytime drowsiness	_____	☐ Living together
	☐ Other	_____	☐ Widow / widower

Hepatitis C Risk Factor

☐ Blood transfusion before 1992 ☐ IV Drug Use (1+ times) ☐ Contact with blood / bodily fluid

Spiritual History

Frequency of church attendance ☐ Never ☐ Seldom ☐ Regularly Home Church _____
Frequency of Prayer ☐ Never ☐ Seldom ☐ Regularly Religious affiliation _____
If you were in the hospital, would you like: ☐ Prayer ☐ Your clergy notified ☐ A visit from chaplain

Social History

Past experience of abuse? Yes / No ☐ Sexual ☐ Emotional ☐ Physical