



KENTUCKY PAIN INSTITUTE

MEDICAL HISTORY

Today's Date: ____/____/____

Name: _____

History given by: _____ Relation: _____

Past History

1.) List any **surgeries** your have had (such as: appendix, ear tubes, pacemaker, wisdom teeth or any other surgically implanted device) and the year: None

_____/_____/_____
_____/_____/_____

2.) List any serious **illness** (such as: AIDS/HIV, cancer, diabetes, heart disease, etc.) and the year it began: None

_____/_____/_____
_____/_____/_____

3.) List any physical **injuries** (such as automobile accidents, broken or fractured bones, dislocations, falls, head injury, lacerations or significant cuts, strains or work injuries) and the year it happened: None

_____/_____/_____
_____/_____/_____

MEDICATION & ENVIRONMENTAL ALLERGIES:

Current Medications Dosage Frequency

Current Medications Dosage Frequency

Family History

4.) Father: Age: _____ or Age at Death: _____ Cause of Death: _____ Significant Illness: _____

Mother: Age: _____ or Age at Death: _____ Cause of Death: _____ Significant Illness: _____

Are there any diseases or conditions common among your family members? No Yes, which relative, and what type of condition? _____

Social History:

5.) Educational Level (highest level you attained):

Grade School High School-GED College-No Degree College-Postgraduate
 High School-No degree High School-Graduate College-Graduate

6.) Exercise: None Occasional Regular Frequent and Heavy

7.) Substance Usage: Alcohol: None Light Moderate Heavy Recovering Alcoholic/How Long? _____

Recreational Drugs: None Type Used: _____

Tobacco: None Cigarettes, packs per day: _____ Chews, pouches per week: _____

Dips, cans per week: _____ Previously smoked for: _____ years, and quit _____ years ago.

Caffeine: None Cups of coffee per day: _____ Sodas per day: _____

8.) Is there any chance that you are currently pregnant? N/A No Yes, how far along? _____

9.) Are you currently employed? No Yes Where? _____ Retired? No Yes

Disabled? No Yes How long? _____