



**HARNETT HEALTH**  
**Physician Office Practices**  
**Personal and Family Health History**

Health Problem or Diagnosis	S e l f	C h i l d	F a t h e r	M o t h e r	S i s t e r	B r o t h e r	G r a n d p a r e n t	Health Problem or Diagnosis <small>Place a check mark in each box that</small>	S e l f	C h i l d	F a t h e r	M o t h e r	S i s t e r	B r o t h e r	G r a n d p a r e n t
<b><u>Behavioral:</u></b>								<b><u>Genitourinary:</u></b>							
Alcohol Abuse								Kidney Failure							
Drug Abuse								Kidney Stones							
Eating Disorder								<b><u>ENT:</u></b>							
Emotional Problems								Ear Infection							
Learning Disability								Hay Fever							
Nerves/Anxiety								Hearing Problems							
Suicide Attempts/Thoughts								Seasonal Allergies							
Violent Behavior								Tinnitus (ear ringing)							
Smoke								<b><u>Hematologic:</u></b>							
<b><u>Cardiovascular:</u></b>								Anemia							
CAD-Coronary Artery Disease								Bleeding Disorder							
HTN-High Blood Pressure								Clotting Disorder							
Heart Disease								Hemolytic Anemia							
Heart Failure								Polycythemia							
Heart Murmur								Sickle Cell Anemia							
High Cholesterol								Sickle Cell Trait							
MI-Heart Attack								<b><u>Integumentary:</u></b>							
<b><u>Endocrine/Metabolic:</u></b>								Eczema							
Diabetes								Psoriasis							
Thyroid Disease								<b><u>Infections Disease:</u></b>							
<b><u>Neurologic:</u></b>								Tuberculosis (TB)							
Alzheimer's Disease								<b><u>Respiratory:</u></b>							
Cerebral Palsy								Asthma							
Dementia								COPD							
Migraine								<b><u>Immunologic:</u></b>							
Multiple Sclerosis								AIDS							
Myasthenia Gravis								HIV							
Neuropathy								Immunosuppression							
Numbness/Tingling								Lupus							
Parkinson's Disease								<b><u>Psychiatric:</u></b>							
Seizures								ADHD (Attention Deficit with Hyperactivity Disorder)							

Harnett Health  
P.O. Box 1706 Dunn, NC 28335  
Physician Office Practices

**Personal and Family History**



**HARNETT HEALTH**  
**Physician Office Practices**  
**Personal and Family Health History**

Stroke								ADD (Attention Deficit Disorder without Hyperactivity)								
TIA-Transient Ischemic Attack								Anxiety/Panic Attacks								
Tremors								Bipolar								
Weakness								Depression								
<b>Musculoskeletal:</b>								Schizophrenia								
Arthritis								Other Mental Health Disorder-Please describe: _____ _____ _____								
Osteoporosis																
Rheumatoid Arthritis																
Health Problem or Diagnosis Place a check mark in each box that	S e l f	C h i l d	F a t h e r	M o t h e r	S i s t e r	B r o t h e r	G r a n d p a r e n t	Health Problem or Diagnosis Place a check mark in each box that applies.	S e l f	C h i l d	F a t h e r	M o t h e r	S i s t e r	B r o t h e r	G r a n d p a r e n t	
<b>Oncologic:</b>								<b>Medical Devices:</b>								
Brain Tumor								Pacemaker								
Breast Cancer								Defibrillator								
Colon Cancer								Insulin Pump								
Uterine Cancer								Greenfield Filter (IVC)								
Cervical Cancer								Other: (Please list below)								
Ovarian Cancer								<b>Gynecological</b>								
Prostate Cancer								Abnormal Pap								
Rectal Cancer								Endometriosis								
Skin Cancer								Fibroids								
Bladder Cancer								Abnormal Uterine Bleeding								
Lung Cancer								Colposcopy								
								LEEP								

Past Surgical History (Self)			
Date Performed	Procedure	Date Performed	Procedure

Harnett Health  
P.O. Box 1706 Dunn, NC 28335  
Physician Office Practices

**Personal and Family History**



HARNETT HEALTH  
Physician Office Practices  
Personal and Family Health History

Use this area to explain any Medical and/or Surgical history that was not included or need further information:

---

---

---

---

Current medication name and dosage:

---

---

---

Are you allergic to any medications?  No  Yes If yes, list. \_\_\_\_\_

---

Date of last Physical Exam: \_\_\_\_\_ Date of last Mammogram (females): \_\_\_\_\_

Date of Last Breast and Pelvic Exam (females): \_\_\_\_\_

Number of Prior Pregnancies: \_\_\_\_\_ Number of Live Births: \_\_\_\_\_

Date of Last Prostate Exam (males): \_\_\_\_\_

Date of Last Colonoscopy: \_\_\_\_\_ Date of Last Bone Density Test: \_\_\_\_\_

**SOCIAL HISTORY**

Do you smoke?  No  Yes If yes, how much? \_\_\_\_\_ Did you ever smoke? \_\_\_\_\_

If yes, for how many years? \_\_\_\_\_

Number of alcoholic drinks you consume per week? \_\_\_\_\_

Do you use street drugs?  No  Yes If yes, type \_\_\_\_\_

Sexual Preference:  Men  Women  Both

Pharmacy Name: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_

---



**HARNETT HEALTH**  
**Physician Office Practices**  
Personal and Family Health History

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name (Printed): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ (if applicable) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Guardian Name (Printed): \_\_\_\_\_ (if applicable)

---

Harnett Health  
P.O. Box 1706 Dunn, NC 28335  
Physician Office Practices

**Personal and Family History**