

***Brief Health History and Status***

Name:

Date:

<b>Date</b>	<b>Age</b>	<b>Problem or Condition</b>	<b>Outcome/Current Status</b>

***Current Medications, Allergies, & Complementary Therapies***

<b>Current Medications &amp; Supplements</b>	<b>Drug Allergies &amp; Serious Side-Effects</b>	<b>Complementary Medicine &amp; Therapies Being Used</b>

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*...immediate change that lasts...*

## **Brief Health History & Status**

### **Instructions**

- Fill out the form and take **two** copies with you to health-care appointments — one for the doctor or therapist and one for yourself.
- When you travel, tuck a copy into your luggage in case you need health care while out of town.
- Update the form whenever your health, medication, or treatment status changes.
- Use back of form if extra space is needed.

Date: Use just the year unless a specific date is important for some reason. If you can't recall the exact year or date, use your best guess.

Age: Your age at the time.

Problem/Condition: Use the actual diagnostic terms if you know them. Otherwise, describe the problem or condition best you can.

Outcome/Status: "Resolved" for conditions that have cleared up, have no current symptoms, and require no treatment.  
"Chronic" for conditions that have persisted.  
"Good, Fair, Poor" control of ongoing conditions.

### **Sample:**

<b>Date</b>	<b>Age</b>	<b>Problem or Condition</b>	<b>Outcome/Current Status</b>
1950	5	Mild concussion	Resolved.
1951	6	Right elbow multiple fracture	Can't entirely straighten elbow.
1983	38	Car accident/whiplash to neck	Chronic neck pain. Fair with exercise.
1996	51	High blood pressure	Chronic. Taking Lasix. Good control.

<b>Current Medications &amp; Supplements (bring to appointment)</b>	<b>Drug Allergies &amp; Serious Side-Effects</b>	<b>Complementary Medicine &amp; Therapies Being Used</b>
Lasix	Penicillin	Acupuncture weekly
Multi-vitamin/extra folic acid	Cipro – neurological side effects	Custom orthotics
Joint Juice/glucosamine		

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