

**Health History Form**

*Forma de Historia de salud*

Name/nombre: \_\_\_\_\_ Date/fecha: \_\_\_\_\_

Why are you here today?/ Por que esta usted aqui hoy? \_\_\_\_\_

What type of symptoms are you having?/ Que tipo de sintomas tiene? \_\_\_\_\_

Which foot is the pain in?/ Cual pie le esta dando problemas o dolor? \_\_\_\_\_

How long have you had this problem/pain?/ Cuanto tiempo has tenido este problema o dolor? \_\_\_\_\_

\*Did this problem/pain increase?/ Este problema a aumentado:  
 gradually/gradualmente     suddenly/repentinamente

\*Has the problem or pain gotten: /El problema o dolor es:  
 Worse/ Peor     Better/ Mejor     Stayed the same/Igual

What makes the problem/pain hurt? / Que agrava o que le causa dolor? \_\_\_\_\_

\*What have you done to treat this problem? / Que ha hecho para tratar este problema?

Nothing/ Nada     Saw my doctor/ Ver a mi doctor

Over the counter medicine/ productos de la tienda

Other/ Otro \_\_\_\_\_

**ALLERGIES/ALERGIAS**

\*Have you taken any medications that have caused an allergic reaction?

\*A tomado cualquier medicamento que le haya causado una reaccion alergica?

Yes/Si     No

PCN (Penicillin)     Codeine     Sulfa     Other/Otro \_\_\_\_\_

**MEDICATIONS/Medicinas:** What medications are you presently taking?/ Que medicamentos esta tomando actualmente?

**Hospitalization/ Operations** (Hospitalizacion/operaciones)

Diagnosis:

Year/ano:

**Family History: If any blood relative has suffered from any of the following, please indicate which relative.**

*Historia Familiar: Si cualquier pariente ha sufrido cualquier de las siguientes: favor de indicar que pariente*

- \* Anemia "low blood"/ *anemia* \_\_\_\_\_ \*High blood pressure/ *presion*  
*alta* \_\_\_\_\_
- \* bleeding disorder \_\_\_\_\_ \*Mental illness/ addiction (alcohol or  
drugs)/ \_\_\_\_\_ *Enfermedad/adicion mental (alcohol*  
*o drogas)*
- \* Diabetes/ *diabetis* \_\_\_\_\_ \*Glaucoma/  
*Glaucoma* \_\_\_\_\_
- \* Osteoporosis: \_\_\_\_\_
- \*stroke/*infarto* \_\_\_\_\_
- \* Heart attack (before age 55)/ *Ataque de corazon antes de 55 anos de edad*  
\_\_\_\_\_
- \* Skin cancer/ *cancer de la piel* \_\_\_\_\_ \* other familial  
diseases/ \_\_\_\_\_  
*otras enfermedades familiars*

**Identifying data/ Datos de identificacion**

\*Age/*edad*: \_\_\_\_\_ \*Education (highest level)/*educacion (grado mas alto)*:  
\_\_\_\_\_

**Marital Status/ estado civil:**

single/ *soltero* (a)  married/ *casado*(a)  widow/*viudo*(a)  divorced/  
*divorciado*(a)  separated/ *separado*(a)

**Habits/Habitos:**

\*How many cups/glasses per day do you drink of: Coffee \_\_\_\_\_ Cola \_\_\_\_\_ Tea \_\_\_\_\_

\**Cuántas tazas/vasos toma por día de: Café \_\_\_\_\_ Soda \_\_\_\_\_ Te \_\_\_\_\_*

**Hobbies or interests/ Intereses o**

*Pasatiempos:* \_\_\_\_\_

\*Occupational exposure: chemicals \_\_\_\_\_ Noise \_\_\_\_\_ other \_\_\_\_\_

\**Ocupacion: productos quimicos \_\_\_\_\_ Ruido \_\_\_\_\_ Otro \_\_\_\_\_*