

Medical Forms

Health History

Name: _____

Date of Birth: _____

Past Medical Problems

Medicines You Are Taking Now & The Reason Why

Allergies

Surgeries

Medical Forms

Patient History

Family Health History

(mother, father, siblings, children)

List of Common Illnesses and Health Problems

Abdominal (stomach) pain	Depression	Menstral (period) problems
Alcoholism	Diabetes	Migraines or headaches
Anemia	Epilepsy	Obesity or weight problems
Appendectomy	Heart attack	Sexually Transmitted Disease
Arthritis	Heartburn	Stroke
Asthma	Hepatitis	Thyroid problem
Back surgery	High blood pressure	Tonsilectomy
Bypass surgery (heart)	High cholesterol	Tuberculosis (TB)
Cancer	Hysterectomy	Urinary tract infection (UTI)
Cigarette smoking	Kidney problems	

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Explanation of HIPAA

HIPAA stands for Health Insurance Portability and Accountability Act. Every patient has the right to keep his/her own medical information private. Doctors want to help keep it private too. Usually, the doctor's office will make patients sign a HIPAA form to make sure patients know these rights. This form might have questions like the ones below.

1. If the doctor needs to tell you information, where should he/she call? (please circle one)

HOUSE PHONE

CELL PHONE

WORK PHONE

2. What is the telephone number of the place you circled above? (please include area code)

(_____) _____ - _____

3. Can the doctor leave a message on that phone number? _____

4. Can the doctor leave a message with a person (wife, husband, child, etc)? If so, who?

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Additional Resources

“Your Health Information Privacy Rights”

http://www.hhs.gov/ocr/hipaa/consumer_rights.pdf

“In Other Words...How the New HIPAA Regulations Affect Healthcare Communication”

<http://www.healthliteracy.com/article.asp?PageID=3789>