WinnMed

Patient Sticker

Personal, Family and Social Medical History

Please mark **YES** for any personal history of each diagnosis and **enter age of onset.**
If you have NO PERSONAL HISTORY, please check **NONE** at the beginning of each category and skip to the next section.

ANESTHESIA HISTORY			
If no history of problems with Anesthesia, check NONE and skip section.	NONE ☐		
	AGE	YES	NO
Difficult Airway/Intubation		☐	☐
Family History of Malignant Hyperthermia		☐	☐
Personal History of Malignant Hyperthermia		☐	☐
Post-op nausea & vomiting		☐	☐
Post-Dural puncture headache		☐	☐
Postoperatvie Delirium/Confusion		☐	☐
Pseudocholinesterase Deficiency		☐	☐

MEDICAL HISTORY			
If no history, check NONE and skip section.	NONE ☐		
	AGE	YES	NO
Arthritis		☐	☐
Asthma		☐	☐
Bleeding/Coagulation		☐	☐
Cancer Type:		☐	☐
Chronic Lung Disease		☐	☐
Diabetes Mellitus		☐	☐
GI Problems (Stomach, intestine, etc)		☐	☐
Hearing Impairment		☐	☐
Heart Disease		☐	☐
Hypertension (High Blood Pressure)		☐	☐
Liver Disease		☐	☐
Mental Health		☐	☐
Musculo-Skeletal Disease		☐	☐
Neurological Disease		☐	☐
Peripheral Vascular Disease		☐	☐
Renal Disease (Kidney)		☐	☐
Seizures		☐	☐
Skin Problems		☐	☐
Stroke/TIA		☐	☐
Vision Impairment		☐	☐

SURGICAL HISTORY			
If no history, check NONE and skip section.	NONE ☐		
	AGE	YES	NO
Abdominal Aortic Aneurysm Repair		☐	☐
Appendectomy		☐	☐
Cardiac Bypass		☐	☐
Cataract Removal		☐	☐
Cholecystectomy (Gall Bladder)		☐	☐
Colon Resection		☐	☐
Hip Replacement (Left, Right, Both?)		☐	☐
Hysterectomy		☐	☐
Knee Replacement (Left, Right, Both?)		☐	☐
Mastectomy		☐	☐
Prostatectomy		☐	☐
Sinus Surgery		☐	☐
Splenectomy		☐	☐
Tonsillectomy		☐	☐
Transurethral Resection of Prostate		☐	☐
Other (Specify)		☐	☐

GYNECOLOGY HISTORY	
If no history, check NONE and skip section.	NONE ☐
Age at menarche (Your first period)	_____years of age
Age at menopause	_____years of age
Months Breastfeeding	_____# of Months

Additional information about your personal health history.

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ACTIVITIES OF DAILY LIVING / OTHER		
If no history, check NONE and skip section.	NONE ☐	
	YES	NO
Military Service	☐	☐
Caffeine Concern	☐	☐
Hobby Hazards	☐	☐
Stress Concerns	☐	☐
Special Diet	☐	☐
Exercise	☐	☐
Seat Belt	☐	☐
Travel History	☐	☐
Carbon Monoxide Detector	☐	☐
Blood Transfusions	☐	☐
Occupational Exposure	☐	☐
Sleep Concern	☐	☐
Weight Concern	☐	☐
Back Care	☐	☐
Bike Helmet	☐	☐
Self-Exams	☐	☐
Previous Residences	☐	☐
Radon Testing	☐	☐

SOCIAL HISTORY		
If no history, check NONE and skip section.	NONE ☐	
Sexual Activity Yes ☐ No ☐ Not Currently ☐		
Birth control/Protection		
Abstinence		☐
Condom		☐
Diaphragm		☐
IUD		☐
Pill		☐
Patch		☐
Vaginal Ring		☐
Injection		☐
Spermicide		☐
Surgical		☐
Implant		☐
Natural Family Planning		☐
Partners	Male	☐
	Female	☐

NICOTINE USE		
Never Smoked	NONE ☐	
Former Smoker Quit Date:	Yes ☐	No ☐
Passive Smoke Exposure	Yes ☐	No ☐
Current Smoker	Yes ☐	No ☐
Type: ☐Cigarettes ☐Pipe ☐Cigars ☐Hookah ☐E-Cigarettes		
Packs Per Day (circle choice) 1/4 1/2 1 1.5 2 3 +		
Number of Years:		
Smokeless Tobacco	Yes ☐	No ☐
Quit Date:		
Type	Snuff	☐
	Chew	☐
Number of years?		

ALCOHOL USE	
If no history, check NONE and skip section.	NONE ☐
	Yes ☐ No ☐
	Drinks Per Week
Wine	
Cans of Beer	
Shots of Liquor	
Other	

DRUG USE		
If no history, check NONE and skip section.	NONE ☐	
Types: Marijuana	Yes ☐	No ☐
Methamphetamines	Yes ☐	No ☐
Cocaine	Yes ☐	No ☐
IV Drugs	Yes ☐	No ☐
Times per week?		

SOCIOECONOMIC HISTORY
Occupation:
Employer:
Marital Status (circle one): Divorced Life Partner Married Separated Single Widowed
Spouse Name:
Number of Children:
Years of Education: