



## MEDICAL HISTORY

### Chapter 12 of *The Complete Eldercare Planner*

**Elder:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_

### MEDICAL HISTORY

Patient's full name/maiden name \_\_\_\_\_

Date of birth \_\_\_\_\_

Birthplace \_\_\_\_\_

Blood type \_\_\_\_\_

Allergies \_\_\_\_\_

Food Allergies \_\_\_\_\_

Previous attending physicians \_\_\_\_\_

Current attending physicians \_\_\_\_\_

Pregnancies and miscarriages \_\_\_\_\_

Immunizations \_\_\_\_\_

Causes and dates of past physical illness \_\_\_\_\_

Causes and dates of existing health problems \_\_\_\_\_

Causes and dates of accidents \_\_\_\_\_

Operations and dates performed \_\_\_\_\_

Reasons and dates of hospitalizations \_\_\_\_\_

Reasons and dates of doctor's office visits \_\_\_\_\_

Reasons and dates of rehabilitation treatments \_\_\_\_\_

Negative reactions to medical treatments \_\_\_\_\_

Copies of lab test results \_\_\_\_\_

Current use of eyeglasses, hearing aids, walking devices, wheelchairs, and others

\_\_\_\_\_

Current use of bathroom accessories (grab bars, raised toilet seats, etc.) \_\_\_\_\_

Recent changes in bodily functions \_\_\_\_\_

Existing mental health problems \_\_\_\_\_

Personal stress and family problems \_\_\_\_\_

Mother's and father's dates and causes of death \_\_\_\_\_

Grandparents' cause of death \_\_\_\_\_

## **DENTAL HISTORY**

Previous dentist \_\_\_\_\_

Current dentist \_\_\_\_\_

Past problems \_\_\_\_\_

Current problems \_\_\_\_\_

Negative reactions to dental treatments \_\_\_\_\_

Copies of lab test results \_\_\_\_\_

Current use of dentures, etc. \_\_\_\_\_

## MEDICATIONS

### *Current use of prescription medications:*

drug name and purpose \_\_\_\_\_

quantity \_\_\_\_\_

timing and manner of administering doses \_\_\_\_\_

side effects (if any) \_\_\_\_\_

### *Current use of over-the-counter drugs and alternative remedies:*

vitamins \_\_\_\_\_

supplements \_\_\_\_\_

herbs \_\_\_\_\_

topical ointments \_\_\_\_\_

### *History of drug side effects*

\_\_\_\_\_

\_\_\_\_\_