HEALTH HISTORY DATA TRANSMITTAL WORKSHEET

Patient Label

TN Department of Health

MEDICAL HISTORY OF PATIENT (Please check all that apply)

- ❑ Anemia
- ❑ Anxiety
- ❑ Arthritis
- ❑ Asthma
- ❑ Birth Defect / Genetic Disorders
- ❑ Blood Disorder
- ❑ Blood Clot
- ❑ Bowel / Stomach Problems
- ❑ Breast Disease
- ❑ Cancer
  Type: _____
- ❑ Chicken Pox
- ❑ Depression
- ❑ Diabetes
- ❑ Eating Disorder
- ❑ Epilepsy / Seizures
- ❑ Fainting
- ❑ Gallbladder Disease
- ❑ Hearing Impaired
- ❑ Heart Disease / Attack
- ❑ High Blood Pressure
- ❑ High Cholesterol
- ❑ HIV / AIDS
- ❑ Kidney / Bladder Disease
- ❑ Liver Disease / Hepatitis
- ❑ Lung Disease / Tuberculosis
- ❑ Measles
- ❑ Mental Health Problems
- ❑ Mononucleosis
- ❑ Mumps
- ❑ Obesity
- ❑ Physical Activity Limitations
- ❑ Severe Headaches
- ❑ Sexual Problems
- ❑ Sexual Transmitted Disease
- ❑ Sickle Cell
  - ○ Disease
  - ○ Trait
- ❑ Skin Disorder
- ❑ Stroke
- ❑ Suicidal Thoughts
- ❑ Thyroid Disease / Goiter
- ❑ Ulcers
- ❑ Varicose Veins
- ❑ Vision Problems
- ❑ Wears Glasses / Contacts
- ❑ Other: _____

SURGERIES	DATE	HOSPITALIZATIONS / INJURIES	DATE

ARE YOU ADOPTED?	❑ Yes	❑ No	❑ Unknown
If YES, do you know your Family Medical History?	❑ Yes	❑ No (skip Family Medical History)	

FAMILY MEDICAL HISTORY (Please check appropriate box of family member for all that apply)

	Father	Mother	Father Parents	Mother Parents	Brother Sister	Unknown		Father	Mother	Father Parents	Mother Parents	Brother Sister	Unknown
Anemia							High Cholesterol						
Birth Defects / Genetic Disorders							Kidney Disease						
Blood Disorder							Lung Disease						
Cancer (specify type)							Mental Illness						
Diabetes							Obesity						
Epilepsy / Seizures							Sickle Cell (specify Disease or Trait)						
Glaucoma							Stroke						
Heart Disease/Attack							Other:						
High Blood Pressure							Other:						

HIGHEST GRADE COMPLETED				
	❑ Less than Grade 9	❑ GED	❑ Some College	❑ Unknown / Refused
	❑ Grade 9 to 12	❑ High School Diploma	❑ College Degree	

Have you ever had a mammogram?	❑ Yes	❑ No	Have you ever had a colonoscopy?	❑ Yes	❑ No
If YES, have you ever had one that was abnormal?	❑ Yes	❑ No	**If YES**, have you ever had one that was abnormal?	❑ Yes	❑ No

Have you ever experienced sexual or physical abuse? ❑ Yes ❑ No ❑ Refuse to answer

IF THE CHILD BEING SEEN TODAY IS UNDER 6 YEARS OF AGE COMPLETE THIS SECTION

Birth Weight	Birth Length	❑ Vaginal Birth	❑ C-Section	❑ Premature Birth (less than 36 weeks)
❑ Pregnancy Complications:			❑ Delivery Complications:	
When did you begin prenatal care? ❑ 1st Trimester (0-13 Weeks) ❑ 2nd Trimester (14-26 Weeks) ❑ 3rd Trimester (27-40+ Weeks) ❑ None ❑ Unknown		Did your baby have a Newborn Screening Test (Heel Stick)? ❑ Yes ❑ No Hospital of Birth:		Did your baby have a Newborn Hearing Test? ❑ Yes ❑ No Length of Hospital Stay:

ADVANCE DIRECTIVE FOR HEALTHCARE (Age 18 and above ONLY)

Have you finalized any advance health directives? ❑ Yes ❑ No (see question below)

EXAMPLES: Living will, durable power of attorney, organ donation, "do not resuscitate" instructions

If NO, would you like information? ❑ Yes ❑ No

MALE ONLY: MEDICAL HISTORY CONTINUED

MALE REPRODUCTIVE HISTORY
Do you have any children now?
SEXUAL HEALTH HISTORY
Have you ever had sex?
How old were you the first time you had sex?
How many sex partners have you had?
How many sex partners have you had in the past 6 months?
Have you had sex with men, women, or both?
Does your sex partner use IV street drugs?
Does your sex partner have sex with other women?
Does your sex partner have sex with men?
Has your sex partner ever been in prison?

SEXUAL HEALTH HISTORY (continued)
Has your partner(s) ever had an STD?
Has your partner(s) ever had HIV?
Have you ever had an STD?
Have you ever had an AIDS test?
Have you ever been diagnosed with HIV / AIDS?
REPRODUCTIVE LIFE PLAN
When, if ever, would you like to have a baby? ❑ No intention to have baby ❑ Refuse to answer ❑ Unsure or okay either way ❑ Yes, I want to have a baby in the next year ❑ Yes, I want to have a baby in 1 – 2 years ❑ Yes, I want to have a baby in 2 or more years

FEMALE ONLY: MEDICAL HISTORY CONTINUED

WOMAN BORN BEFORE 1970?
Did your mother take DES (hormones) while pregnant with you?
OB / GYN HISTORY
Age at time of first period
Do you have a period every month?
Average number of days menstrual bleeding
Is your bleeding heavy, medium, or light?
Do you have cramps with your period?
What medicine do you take for cramps?
How many times have you been pregnant?
How many pregnancies resulted in a live birth?
How many pregnancies ended in miscarriage?
How many pregnancies ended in stillbirth?
How many pregnancies ended in abortion?
How many cesarean births have you had?
Did you have any problems during a pregnancy?
When was your last delivery?
Did you have a check-up after your last delivery?
Are you breastfeeding?
What was the birth weight of your smallest baby?
What was the birth weight of your largest baby?
When was your last Pap smear done?
Was your last Pap smear normal?
Have you ever had an abnormal Pap smear?
If you've had an abnormal Pap, when was that?
If you've had an abnormal Pap, were you treated?

SEXUAL HEALTH HISTORY
Have you ever had sex?
How old were you the first time you had sex?
How many sex partners have you had?
How many sex partners have you had in the past 6 months?
Have you had sex with men, women, or both?
Does your sex partner use IV street drugs?
Does your sex partner have sex with other women?
Does your sex partner have sex with men?
Has your sex partner ever been in prison?
Has your partner(s) ever had an STD?
Has your partner(s) ever had HIV?
Have you ever had an STD?
Have you ever had an AIDS test?
Have you ever been diagnosed with HIV / AIDS?
FP METHOD HISTORY
What method(s) of birth control have you tried?
Have you had problems with any methods?
REPRODUCTIVE LIFE PLAN
When, if ever, would you like to be pregnant? ❑ No intention to have baby ❑ Unsure or okay either way ❑ Postmenopausal ❑ Refuse to answer ❑ Yes, I want to be pregnant in the next year ❑ Yes, I want to be pregnant in 1 – 2 years ❑ Yes, I want to be pregnant in 2 or more years