

# ADULT AND ADOLESCENT HEALTH HISTORY (Subjective Data Base)

**Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Initial Date \_\_\_\_\_ Update 1. \_\_\_\_\_ Update 2. \_\_\_\_\_

Purpose of Initial Visit:				Check & Detail Positive Findings Note by Reference Number
O = Negative X = Positive U = Unknown	Pt.	Fam		
1. Stroke/Hypertension				
2. Heart Disease/Rheumatic Fever				
3. Diabetes				
4. Cancer				
5. Congenital/Genetic Disorders				
6. Blood Disorders/Sickle Cell/Rh				
7. Lung/Tuberculosis/Asthma				
8. Headaches/Seizures				
9. Neuro/Mental/Emotional Health				
10. Breast Disease				
11. Gall Bladder/Liver				
12. Kidney/UTI				
13. G.I. Disease				
14. Skin/Skeletal				
15. Thyroid/Endocrine				
16. Phlebitis/Varicositis				
17. STD/HIV Infection				
18. Pelvic Infections/Disorders				
19. Mother took DES				
20. Fertility Problems				
21. Hospital/Surgery/Accidents				
22. Blood Transfusion				
23. Other				

Allergies: Drug \_\_\_\_\_ Food \_\_\_\_\_ Other \_\_\_\_\_

Medications: Current \_\_\_\_\_

If pregnant, list other medicines taken this pregnancy \_\_\_\_\_  
Circle No or Yes where applicable:

Tobacco: No Yes Type:	Amount:	Stopped (date):
Alcohol: No Yes Type/Amount:	Street Drugs: No Yes	Type/Amount:
Tobacco/Alcohol/Drugs, Past Problems: No Yes	Date of last use:	Therapy:
Immunizations: (date) MMR	Td	Flu
Tuberculosis: (date) PPD	Result	mm. Pneu. HBV
Prior Treatment: Case	Preventive	Date: From To

Nutrition: \_\_\_\_\_

Recent Weight Change: No Yes (Describe) \_\_\_\_\_

Exercise: (20 min. 3 X wk.) No Yes (Describe) \_\_\_\_\_

Seat Belt Use: Always \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_

School/Work Attendance/Exposures: \_\_\_\_\_

Sexual History: \_\_\_\_\_ Age at first intercourse: \_\_\_\_\_

Sexually active since 1978? Yes No How many partners in past 5 yrs? \_\_\_\_\_ How many partners in past yr? \_\_\_\_\_

Sex w/male	Yes	No	Victim of sexual assault	Yes	No
Sex w/female	Yes	No	Sex w/injecting drug user	Yes	No
Used injecting drugs	Yes	No	Sex w/man who had sex w/a man	Yes	No
Sex while using non-inj drugs	Yes	No	Sex w/person w/HIV/AIDS	Yes	No
Sex for drugs/money	Yes	No	Sex w/person w/other HIV/AIDS risk	Yes	No

Contraceptive \_\_\_\_\_ Method last used/now using: \_\_\_\_\_

History \_\_\_\_\_ Other methods used: \_\_\_\_\_

Violence/abuse in the family? Yes No Problem(s) with methods: \_\_\_\_\_

Signature/Title: \_\_\_\_\_

1. Signature/Title: \_\_\_\_\_

2. Signature/Title: \_\_\_\_\_

**For Adolescents only:**

**Developmental Screening**

	Age				Age				Age		
	11-13 Date	14-17 Date	18-21 Date		11-13 Date	14-17 Date	18-21 Date		11-13 Date	14-17 Date	18-21 Date
<b>MOTOR</b>	Yes/No	Yes/No	Yes/No	<b>COGNITIVE/LANGUAGE</b>	Yes/No	Yes/No	Yes/No	<b>SOCIAL/EMOTIONAL</b>	Yes/No	Yes/No	Yes/No
Age appropriate motor function	( ) ( )	( ) ( )	( ) ( )	Uses slang or jargon	( ) ( )	( ) ( )	( ) ( )	Integrates changing body image into self-concept	( ) ( )	( ) ( )	( ) ( )
				Verbally expresses and defends needs/desires	( ) ( )	( ) ( )	( ) ( )	Maturing relationships with peers of both sexes	( ) ( )	( ) ( )	( ) ( )
				Able to problem solve	( ) ( )	( ) ( )	( ) ( )	Emotionally separating from parents	( ) ( )	( ) ( )	( ) ( )
				Reports school achievement consistent with age	( ) ( )	( ) ( )	( ) ( )	Beginning to make independent decisions	( ) ( )	( ) ( )	( ) ( )
								Emotional behavior appropriate to adolescent age	( ) ( )	( ) ( )	( ) ( )

**FOR WOMEN ONLY**

<b>MENSTRUAL HISTORY:</b>	Onset	Yrs	Regular	No	Yes	Amount
	Every	days for	days	Problems:		
	LMP	LNMP	Update 1:	LMP	LNMP	Update 2: LMP LNMP
Pregnancy Test: Date:	Results:	Update 1:	Results:	Update 2:	Results:	
Pap Smear: Date:	Results:	Update 1:	Results:	Update 2:	Results:	
Mammogram: Date:	Results:	Update 1:	Results:	Update 2:	Results:	
Self Breast Exam: No/Yes		Update 1:		Update 2:		
Obstetrical History:	Gravida:	Para:	Full Term:	Preterm:	Abortions:	Abortions:
	Living Children:	Multiple Births:				
	Update 1: Gravida:	Para:	Full Term:	Preterm:	Abortions:	Living Children:
	Update 2: Gravida:	Para:	Full Term:	Preterm:	Abortions:	Living Children:

**REQUIRED FOR PREGNANT WOMEN**

Planned Pregnancy:	No:	Yes:	Attitude/Acceptance:								
	Update 1:	No:	Yes:	Attitude/Acceptance:							
	Update 2:	No:	Yes:	Attitude/Acceptance:							
No.	Mo/Yr	Place of Delivery	Weeks Gest.	Hours of Labor	Type of Delivery	Born Alive or Dead	Complications		Weight	Breast Feed	
							Maternal	Child			
1											
2											
3											
4											
5											
6											
7											
8											
EDC	Update 1:			Update 2:							
Patient at High Risk:	Preterm Labor:		Medical:			Psychosocial:					
	Update 1: Preterm Labor:		Medical:			Psychosocial:					
	Update 2: Preterm Labor:		Medical:			Psychosocial:					

Other significant findings: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Update 1: Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Update 2: Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_