BMG | THE ENDOCRINE CLINIC

ADULT SELF ASSESSMENT

PAST MEDICAL HISTORY:

Name: _____ Date: _____

1. Past and Present Illness/Hospitalizations/Surgeries:

Illness	Year	Illness	Year

1a. Do you have any metal in your body? _____ If yes, explain: _____

2. Medications currently taking (prescription & non-prescription) - Give dosage: ☐ None

3. Allergic or bed reaction to medication:

FAMILY HISTORY:

4. Family Diseases:

☐ Heart Attack		☐ Stroke	
☐ Diabetes		☐ High Blood Pressure	
☐ Cancer		☐ Thyroid Problem	
☐ Kidney Disease		☐ Obesity	
☐ Other:		☐ Other:	

SOCIAL HISTORY:

5. Smoking: ☐ Currently smoke? Packs per day: _____ Total years smoking: _____
☐ Stopped smoking? How long age: _____ Total years smoking? _____
☐ Never smoked

6. Alcohol consumption per week: Beer: _____ Wine: _____ Hard Liquor: _____
Every missed work from drinking: ☐ YES ☐ NO Ever hospitalized from drinking? ☐ YES ☐ NO

7. Drugs used regularly: ☐ Marijuana ☐ Barbiturates ☐ Amphetamines ☐ Opiates ☐ Cocaine

8. Exercise: ☐ YES ☐ NO
Type: _____ Frequency: _____ Time: _____ Distance: _____

9. Social: ☐ Homemaker ☐ Retired ☐ Unemployed ☐ Disabled ☐ Student
Employed/Occupation: _____ Hours at work/school: _____

MEDICAL SYSTEM REVIEW:

10. Normal Weight: _____ Present Weight: _____

11. General Problems:

☐ Weight change _____	☐ Excessive tiredness	☐ Fever/Chills
☐ Poor or inability to sleep	☐ Excessive nervousness	☐ Other: _____

12. Skin: ☐ None

☐ Rashes	☐ Change in scalp hair _____	☐ Change in nails: _____
☐ Change in body hair: _____	☐ Other: _____	☐ Other: _____

13. Eye Problems: ☐ None

☐ Wear eyeglasses or contacts	☐ Blurred vision	☐ Glaucoma
☐ Laser therapy	☐ Legal blindness	☐ Other: _____

14. Head, Ear, Nose and Throat Problems: ☐ None

☐ Headaches	☐ Ringing in ears	☐ Hearing loss
☐ Hoarseness (constant)	☐ Allergies	☐ Sinus drainage
☐ Dentures	☐ Thyroid Problems: _____	☐ Other: _____

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MEDICAL SYSTEM REVIEW (cont):

15. Respiratory Problems: ☐ None
☐ Shortness of breath ☐ Chronic cough ☐ Coughing up blood
☐ History of TB ☐ Other: _____ ☐ Other: _____

16. Heart/Cardiovascular Problems: ☐ None
☐ Chest pain with exertion ☐ Rheumatic fever ☐ Heart murmur
☐ Missed, skipped beats or heart fluttering ☐ Heart attack ☐ Stroke
☐ Lightheadedness when sitting or standing ☐ Leg pain when walking ☐ High cholesterol
☐ Other _____ ☐ Other: _____ ☐ Other: _____

17. Urinary Problem: ☐ None
☐ Painful or burning when urinating ☐ Hesitation ☐ Too frequent urination
☐ Bladder or kidney infection ☐ Kidney stones ☐ Other: _____
☐ Known kidney problems: _____

18. Blood Disorders: ☐ None
☐ Low blood count ☐ Easy bruising ☐ Sickle cell disease
☐ Other _____ ☐ Other: _____ ☐ Other: _____

19. Neuromusculoskeletal Problems: ☐ None
☐ Tingling or painful limbs ☐ Weakness ☐ Seizures
☐ Fractures ☐ Arthritis ☐ Pain
☐ Head injuries ☐ Foot problems ☐ Other: _____

20. Stomach and Intestinal Problems: ☐ None
☐ Belching ☐ Constipation ☐ Vomiting blood
☐ Feeling of fullness of discomfort in morning ☐ Diarrhea ☐ Nausea
☐ Bloody or black bowel movement ☐ Indigestion ☐ Pancreatitis
☐ Other _____ ☐ Other: _____ ☐ Other: _____

21. Liver Problems: ☐ None
☐ Hepatitis ☐ Cirrhosis ☐ Jaundice
☐ Gallbladder trouble ☐ Other: _____ ☐ Other: _____

22. Emotional/Social Problems: ☐ None
☐ Past emotional problems/hospitalizations? _____
☐ Current emotional/social problems: _____

FOLLOWING QUESTIONS FOR WOMEN ONLY:

23. Menstrual History: Age period started: _____ Age period stopped: _____ Hysterectomy: ☐ Yes ☐ No Age: _____

24. Gynecological Problems: ☐ Menstrual irregularities ☐ Post menopausal bleeding ☐ Vaginal discharge/infection
☐ Breast discharge - explain: _____ ☐ Date of last pap smear: _____

25. Gynecological Problems: Number of pregnancies: _____ Number of miscarriages/stillbirths: _____
Number of abortions: _____ Number of livebirths greater than 8½ lbs. _____

26. Pregnancy Problems: ☐ Excessive weight ☐ High blood pressure ☐ Toxemia
☐ Diabetes during pregnancy ☐ Other: _____

FOLLOWING QUESTIONS FOR MEN ONLY:

27. Genito-urinary Problems: ☐ Prostate problem ☐ Sexual difficulties: _____ ☐ Impotence
☐ Other: _____

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