



MEMORIAL HOSPITAL  
 1423 7<sup>th</sup> Street  
 Aurora, NE 68818  
 402-694-3171

Name: \_\_\_\_\_

**ADULT HEALTH HISTORY**

Please fill in or check all that apply:

**INFORMANT:**       Patient       Family Member       Friend

If surgery is planned, what procedure will be done?

**PREVIOUS HOSPITALIZATION/ILLNESSES/  
 OUTPATIENT THERAPY/SURGERY**

**DATE**

_____	_____
_____	_____
_____	_____
_____	_____

**CARDIOVASCULAR  
 CONDITION**

- Heart attack
- Chest pain
- Congestive heart failure
- CABG
- Heart murmur
- Shortness of breath
- Swelling of ankles
- Low Blood Pressure
- Discoloration of legs
- Irregular (skipped) heart beat
- Mitral valve prolapse
- Rheumatic fever
- Palpitations
- High Blood Pressure
- Pacemaker
- ICD (implantable cardioverted defibrillator)
- Blood Vessel Disease (ASHD)
- Heart Valves
- High Cholesterol
- Varicose Veins
- Central Line Placement - where \_\_\_\_\_
- Other \_\_\_\_\_

**BLOOD DISORDERS**

- Anemia
- Bruise easily
- Hemophilia
- Bleeding/clotting problems
- Leukemia
- Other \_\_\_\_\_

**MUSCULOSKELETAL  
 CONDITION**

- Arthritis
- Back/neck problems
- Prosthesis/Brace
- Weakness
- Contractures
- Amputation
- Osteoporosis
- Other \_\_\_\_\_

**MENTAL/EMOTIONAL**

- Sleep disturbance
- Eating disturbance
- Depression
- Psychosis
- Mood swings
- Anxiety and/or Panic Attacks
- Substance abuse
- Bipolar
- Other \_\_\_\_\_

**ENDOCRINE**

- Diabetes
- Thyroid problem
- Pancreatitis
- Parathyroid
- Adrenal gland disorder
- Other \_\_\_\_\_

**NEUROLOGIC CONDITION**

- Epilepsy
- Fainting spells
- Dizzy spells
- Stroke
- Seizures
- Migraines
- Numbness or tingling of arms or legs
- Parkinson's disease
- Chronic headache
- Multiple sclerosis
- Paralysis
- Alzheimer's
- Tremors
- TIA
- Other \_\_\_\_\_

**GENITO-URINARY**

- Kidney stones
- Chronic kidney infections
- Kidney failure
- Chronic bladder infections
- Hemodialysis
- AV shunt
- Peritoneal dialysis
- Urinary/kidney problems
- Neurogenic bladder
- Prostate enlargement
- Other \_\_\_\_\_

**FEMALE HISTORY**

- Mastectomy     R     L
- Last menstrual period \_\_\_\_\_
- Abnormal pap smear
- Ovarian cyst
- Pregnant now
- Other \_\_\_\_\_

**LUNG CONDITION**

- Asthma
- Emphysema/COPD
- Bronchitis
- Chronic cough/Coughing up blood
- Shortness of breath
- CPAP machine-use of
- Difficulty breathing at night
- Recent cold, sinus infection, or respiratory infection
- Cystic fibrosis
- Use of oxygen
- Use of Nebulizers/Aerosols/ Inhalers
- Other \_\_\_\_\_

**INFECTIOUS DISEASE**

- TB and known exposure to TB
- MRSA
- VRE
- C-Diff
- HIV+/AIDS
- Hepatitis
- Recent exposure to infectious disease
- World Travel, last 6 months
- Other \_\_\_\_\_

**STOMACH, BOWEL AND LIVER CONDITIONS**

- Hiatal hernia
- Ostomy
- Ulcers
- Gallbladder problems
- Jaundice
- Liver disease
- Stomach/intestinal problems
- Colitis
- GERD
- Weight gain or loss
- Other \_\_\_\_\_

Are you on a special diet?

- Yes     No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Last bowel movement:

\_\_\_\_\_

Place a check mark if you use:

- Enemas
- Laxatives
- Suppositories

**OTHER**

- Glaucoma
- Cancer
- Radiation Therapy
- Chemotherapy
- Rashes
- Cold sores
- Vision problems \_\_\_\_\_
- Skin problems
- Ear, nose, throat problems
- Night sweats
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_