

**District Four Patient Self-History Form**

**Patient Label Here:**

**Are You allergic to any Medications?**

Y or N

**If yes, which medications?**

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**\* If you are unsure of any question, leave blank and ask the nurse for help.**

**Medical History:**

Circle those that apply, Y for yes or N for no.

	<b>You</b>	<b>Family</b>	<b><u>Nursing Comments:</u></b>
Lupus	Y or N	Y or N	
Seizures or Stroke	Y or N	Y or N	
Sickle Cell Anemia or Trait	Y or N	Y or N	
Blood Clots in legs or lungs	Y or N	Y or N	
Heart Disease/Defect or Murmur	Y or N	Y or N	
Bleeding Disorder/Hemophilia	Y or N	Y or N	
High Blood Pressure	Y or N	Y or N	
High Cholesterol	Y or N	Y or N	
Asthma or Chronic Bronchitis	Y or N	Y or N	
Tuberculosis	Y or N	Y or N	
Liver Disease/Hepatitis	Y or N	Y or N	
Gallbladder Disease/Gallstones	Y or N	Y or N	
Stomach Problems/Ulcers	Y or N	Y or N	
Bowel Problems	Y or N	Y or N	
Kidney/Bladder Problems	Y or N	Y or N	
Osteoporosis	Y or N	Y or N	
Cancer	Y or N	Y or N	
Diabetes/Sugar Problems	Y or N	Y or N	
Scoliosis	Y or N		
Severe headaches/migraines	Y or N		
Skin rashes, sores or moles	Y or N		
Tattoos or Piercing	Y or N		
Anemia (low blood/ low iron)	Y or N		
Varicose Veins	Y or N		
Depression/Anxiety/Eating Disorders	Y or N		
Bi-polar Disorder/Schizophrenia	Y or N		
Drink Alcohol	Y or N		
Smokes/Chews/Dips Tobacco	Y or N		
Use Street Drugs	Y or N		
Diet Supplements/Herbal Medications	Y or N		

Have you ever had a major illness? Please explain:

Have you ever been in the hospital? If so why:

Have you ever had any type of surgery?

List all medications you are taking:

**Tuberculosis Risk Assessment Questionnaire:**

- Is the child a close contact of a person with infectious TB? Y or N
- Does the child have HIV infection or is he/she considered at risk for HIV infection? Y or N
- Is the child foreign born (especially Asian, African, Latino) a refugee or immigrant? Y or N
- Is the child in contact with an incarcerated person or a person was incarcerated in the past 5 years? Y or N
- Does the child have a medical condition or treatment of a medical condition which suppresses the immune system? Y or N
- Does the child live in a community in which it has been established that a high risk exists for TB? Y or N
- Does the child have a history of travel or contact with an individual who traveled to endemic countries? Y or N

