

## IM1 Patient Health History

Student Name \_\_\_\_\_

Instructor \_\_\_\_\_ Clinical Site \_\_\_\_\_ Date \_\_\_\_\_

Information provided by  patient  family  other \_\_\_\_\_

Pt. Initials \_\_\_\_\_ Admit date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Chief complaint: (in patient's own words) \_\_\_\_\_

Admitting Diagnosis: \_\_\_\_\_

Onset of problem / symptoms: (this episode) \_\_\_\_\_

Expectations from this hospitalization: (Patient's own words / what patient considers "best care") \_\_\_\_\_

PERSONAL HEALTH HISTORY	Year diagnosed or disease duration
<input type="checkbox"/> Arthritis <span style="float: right;">Type:</span>	
<input type="checkbox"/> Bleeding problems <span style="float: right;">Type:</span>	
<input type="checkbox"/> Cancer <span style="float: right;">Location / type:</span>	
<input type="checkbox"/> Diabetes <span style="float: right;"><input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 Duration:</span>	
<input type="checkbox"/> Neuromuscular disorder / Stroke <span style="float: right;">Type:</span>	
<input type="checkbox"/> Thyroid disease <span style="float: right;"><input type="checkbox"/> Hypo</span>	
<input type="checkbox"/> Heart disease <span style="float: right;">Type:</span>	
<input type="checkbox"/> Blood pressure <span style="float: right;"><input type="checkbox"/> High</span>	
<input type="checkbox"/> Lung disease <span style="float: right;">Type</span>	
<input type="checkbox"/> Liver disease / Hepatitis <span style="float: right;">Type:</span>	
<input type="checkbox"/> Stomach / Small bowel disease	
<input type="checkbox"/> Large Bowel / Rectum disease	
<input type="checkbox"/> Kidney disease <span style="float: right;"><input type="checkbox"/> CKD <input type="checkbox"/> ESRD</span>	
<input type="checkbox"/> Prostate disease	
<input type="checkbox"/> Immune system disorders <span style="float: right;">Type:</span>	
<input type="checkbox"/> Other	

Adopted: August 2016

Previous hospitalizations / procedures: (Year of occurrence - include month if less than 2 years)

Surgical procedures during THIS admission – DESCRIBE procedure & purpose:

### Psychosocial / Cultural Assessment

Language: \_\_\_\_\_ Occupation (current or last): \_\_\_\_\_

Employed:  Yes  No Disabled:  Yes  No

Retired:  Yes  No

Home situation: Lives  alone  with spouse / partner  with parents

with children  assisted living / nursing home  other \_\_\_\_\_

Religion: \_\_\_\_\_

Religious / ethnic / cultural practices to include in health care:

Social behaviors:  Never smoked  Former smoker  Currently smokes

Use of other tobacco products:  Yes  No  Type: \_\_\_\_\_

Alcohol: (ETOH)  Yes  No Drug use:  Yes  No

Freq/Quant: \_\_\_\_\_

### Interdisciplinary / Resource & Discharge Needs Assessment

Does patient need or want any of the following?

Pastoral care  Social services  Dietary  PT  OT

Financial assistance  Case Management  Home assistance

Rehab  Durable medical equipment (DME)  Other