NAME_____HIC# _____CHART# _____ DATE_____

Past Medical, Family, Social, Surgical History & Review of Systems

CE = Can't elaborate If any changes, Change / Date

Social History Do you use the following?	CE 잘모름	NO 아니오	YES 네	If yes, how often? "네", 일 경우, 빈번
*Alcohol 음주				
*Tobacco 흡연				
*Do you drive? 운전				

Family Medical History 가족 건강사항 (혈족) Does any member of your family (blood relative) have the following?	CE 잘모름	NO 아니오	YES 네	If yes, specify relationship to you. "네", 일 경우, 관계
*Cataract 백내장				
*Glaucoma 녹내장				
*Retinal detachment 망막 분리				
*High blood pressure 고혈압				
*Cancer 암				
*Diabetes (insulin dependent) 당뇨병(주사)				
*Heart attacks 심장마비				
*Other 기타				

Review of Systems 환자 건강사항 Do you have problems with any of the following?	CE 잘모름	NO 아니오	YES 네	If yes, please specify. "네", 일 경우, 설명
*Ear, nose & throat (e.g. sinus conditions) 귀, 코, 목구멍				
*Cardiovascular (heart, blood vessels) 심장 혈관				
*Respiratory (lungs, breathing) 호흡기, 페, 천식				
*Gastrointestinal (Stomach, intestines) 위장				
*Genitourinary (genitals, kidney, bladder) 비뇨 생식기 (신장, 방광)				
*Musculoskeletal (muscles, joint) 근육, 뼈				
*Skin 피부병 / Oral Herpes 입병				
*Neurological (e.g. strokes) 시경학상 (발작)				
*Psychiatric 정신병				
*Endocrine (e.g. thyroid) 내분비 (갑상선)				
*Hematologic / lymphatic(blood, lymph nodes) 혈액/임파				
*Allergic / immunologic (e.g. allergies) 알레르기				

Past Medical History 과거병력	CE 잘모름	NO 아니오	YES 네	If yes, how long? "네", 일 경우, 얼마나 오래
*High blood pressure 고혈압				
*Diabetes (insulin dependent) 당뇨병(주사)				
*Diabetes (non-insulin dependent) 당뇨병(알약)				
*Cardiac disorder 심장병				
*Asthma 천식				
*CVA (Stroke) 발작				
*Arthritis 관절염				
*Thyroid 갑상선				
*Cancers 암				
*Other 기타				

Past Surgical History 수술기록 _____

Allergies 알레르기/부작용 ( )Penicillin 페니실린 ( )Sulfa 술파 ( )Other 기타 _____

Medication사용중인약

HBP혈압 _____

Diabetes당뇨 _____

Other기타 _____

Patient's Signature 서명 / Date 날짜 _____ Dr.'s Signature / Date _____

Re-reviewed Date / Dr.'s Signature:	Re-reviewed Date / Dr.'s Signature:	Re-reviewed Date / Dr.'s Signature: