

Clinic Location

Public Health
2370 Gable Rd.
St. Helens, OR 97051
(503) 397-4651

Vernonia Health
1005 Cougar Street
Vernonia, OR 97064
(503) 429-0622

Spencer Health
1000 Missouri Ave.
Vernonia, OR 97064
(503) 429-1399

Rainier SBHC
28168 Old Rainier Rd.
Rainier, OR 97048
(503) 556-2178

Sacagawea
1060 Eisenhardt Ln.
St. Helens, OR 97051
(503) 366-7645

Health History Information

Client Name: _____ **Date of Birth:** _____ **Age:** _____

Please check all of the following which patient has now or has had in the past:

BLOOD/CIRCULATORY/CV	INJURIES	NERVOUS SYSTEM
<input type="checkbox"/> Anemia	<input type="checkbox"/> Ankle Fracture	<input type="checkbox"/> Alzheimer's Disease
<input type="checkbox"/> Bleeding Tendency	<input type="checkbox"/> Arm Fracture	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Claudication	<input type="checkbox"/> Burns	<input type="checkbox"/> Multiple Sclerosis
<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Myasthenia Gravis
<input type="checkbox"/> Deep Vein Thrombosis (DVT)	<input type="checkbox"/> Hip Fracture	<input type="checkbox"/> Nervous Disease
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Gunshot Wound	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Knee Fracture	PEDIATRIC
<input type="checkbox"/> Hypercoagulable State	<input type="checkbox"/> Leg Fracture	<input type="checkbox"/> Anemia
<input type="checkbox"/> Hyperlipidemia (High Cholesterol)	<input type="checkbox"/> Motor Vehicle Accident	<input type="checkbox"/> Asthma
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Neck Fracture	<input type="checkbox"/> ADD with hyperactivity
<input type="checkbox"/> Intracranial Aneurysm	<input type="checkbox"/> Pelvis Fracture	<input type="checkbox"/> ADD without hyperactivity
<input type="checkbox"/> Peripheral Vascular Disease	<input type="checkbox"/> Rib Fracture	<input type="checkbox"/> Behavior Disorder
<input type="checkbox"/> Raynaud's Disease	<input type="checkbox"/> Stab Wound	<input type="checkbox"/> Developmental Delay
<input type="checkbox"/> Rheumatic Fever	KIDNEY/GENITO-URINARY	<input type="checkbox"/> Failure to Thrive
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Bladder Infection	<input type="checkbox"/> Esophageal Reflux
<input type="checkbox"/> Stroke	<input type="checkbox"/> Endometriosis	<input type="checkbox"/> Prematurity
CANCER	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Reactive Airway Disease
<input type="checkbox"/> Bladder	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Seizure
<input type="checkbox"/> Bone, Soft Tissue, Skin	<input type="checkbox"/> Prostate Enlargement	<input type="checkbox"/> Urinary Tract Infection
<input type="checkbox"/> Brain	<input type="checkbox"/> Prostatitis	RESPIRATORY
<input type="checkbox"/> Breast	<input type="checkbox"/> Urinary Tract Infection	<input type="checkbox"/> Asthma
<input type="checkbox"/> Cervical	MISCELLANEOUS	<input type="checkbox"/> Bronchitis
<input type="checkbox"/> Digestive System	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> COPD
<input type="checkbox"/> Endocrine/Other Nervous System	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hemothorax
<input type="checkbox"/> Genitourinary organs	<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Lung Disease/Emphysema
<input type="checkbox"/> Prostate	<input type="checkbox"/> Dementia	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Respiratory System	<input type="checkbox"/> Depression	<input type="checkbox"/> Pneumothorax
<input type="checkbox"/> Other _____	<input type="checkbox"/> Developmental Delay	SOCIAL
ENDOCRINE	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Academic Problems
<input type="checkbox"/> Adrenal Gland Disease	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Acculturation Problems
<input type="checkbox"/> Diabetes Mellitus	<input type="checkbox"/> Gout	<input type="checkbox"/> Adult Antisocial Behavior
<input type="checkbox"/> Goiter	<input type="checkbox"/> HIV Positive	<input type="checkbox"/> Alcoholism in the Family
<input type="checkbox"/> Hyperparathyroidism	<input type="checkbox"/> Ovarian Cystic Disease	<input type="checkbox"/> Borderline Intellectual Functioning
<input type="checkbox"/> Hypoparathyroidism	<input type="checkbox"/> Post-Traumatic Stress Disorder	<input type="checkbox"/> Child/Adol Antisocial Behavior
<input type="checkbox"/> Hyperthyroidism	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Child Abuse/Neglect, victim
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Shingles	<input type="checkbox"/> Identity Problem
GASTRO-INTESTINAL	<input type="checkbox"/> Sleep Disturbance	<input type="checkbox"/> Inadequate Resources/Poverty
<input type="checkbox"/> Anal Fissure	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Lack of Housing
<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Syphilis	<input type="checkbox"/> Malingering
<input type="checkbox"/> Esophagitis	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> No household member able to care
<input type="checkbox"/> Gallbladder Disease	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> Noncompliance with Treatment
<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Occupational Problem
<input type="checkbox"/> Hiatal Hernia		<input type="checkbox"/> Parent-Child Relationship Problem
<input type="checkbox"/> Jaundice		<input type="checkbox"/> Partner Abuse-Perpetrator
<input type="checkbox"/> Peptic Ulcer Disease		<input type="checkbox"/> Partner Relational Problem
		<input type="checkbox"/> Relational Problem, Other
		<input type="checkbox"/> Social Maladjustment
		<input type="checkbox"/> Unemployment
		<input type="checkbox"/> Victim of Abuse

Explanation of issues identified:

Other health problems:

Surgeries:

SEE REVERSE FOR ADDITIONAL HEALTH HISTORY INFORMATION

