

Historia Médica

Nombre _____ Edad _____ Fecha de Visita _____

Favor de notar todos los medicamentos y la dosis:

| | | | | |
|------------|------------|------------|------------------------------|--------------|
| Medicación | Medicación | Medicación | For Office Use: Room# | |
| Dosis | Dosis | Dosis | HT: | WT: |
| Medicación | Medicación | Medicación | BP: | HR: |
| Dosis | Dosis | Dosis | RESP: | SP02: |

Favor de notar **alergias a medicamentos:** _____

| | Y | N | | Y | N | | Y | N | |
|-------------------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|--|-----------------------|-----------------------|---|
| <u>General:</u> | <input type="radio"/> | <input type="radio"/> | Weakness (Debilidad) | <input type="radio"/> | <input type="radio"/> | Fatigue (Fatiga) | <input type="radio"/> | <input type="radio"/> | Fever (Fiebre) |
| | <input type="radio"/> | <input type="radio"/> | Chills (Escalofrío) | <input type="radio"/> | <input type="radio"/> | Weight Loss (Pérdida de peso) | <input type="radio"/> | <input type="radio"/> | Weight Gain (Aumento de peso) |
| <u>HEENT:</u> | <input type="radio"/> | <input type="radio"/> | Eye Drainage (Flujo de ojo) | <input type="radio"/> | <input type="radio"/> | Double Vision (Visión Doble) | <input type="radio"/> | <input type="radio"/> | Trouble Seeing (Problemas de la Vista) |
| <u>Otto riño</u> | <input type="radio"/> | <input type="radio"/> | Corrective Lenses (Usa Lentes) | <input type="radio"/> | <input type="radio"/> | Nasal Congestion (Cogestión Nasal) | <input type="radio"/> | <input type="radio"/> | Ear Pain (Dolor de Oído) |
| | <input type="radio"/> | <input type="radio"/> | Hearing Issues (Problemas de Audición) | <input type="radio"/> | <input type="radio"/> | Nosebleeds (Sandgrados de Nariz) | <input type="radio"/> | <input type="radio"/> | Gum Bleeding (Sangrado de Encías) |
| | <input type="radio"/> | <input type="radio"/> | Teething (Dentición) | <input type="radio"/> | <input type="radio"/> | Sore Throat (Dolor de Garganta) | | | |
| <u>Cardio/Vasc:</u> | <input type="radio"/> | <input type="radio"/> | Fast Heart Rate (Latido Rápido del Corazón) | <input type="radio"/> | <input type="radio"/> | Chest Pain (Dolor de Pecho) | <input type="radio"/> | <input type="radio"/> | Murmur (Soplo o Murmullo) |
| | <input type="radio"/> | <input type="radio"/> | Irreg. Heart rate (Latido Irregular del Corazón) | <input type="radio"/> | <input type="radio"/> | Palpitations (Palpitaciones) | | | |
| <u>GI:</u> | <input type="radio"/> | <input type="radio"/> | Diarrhea (Diarrea) | <input type="radio"/> | <input type="radio"/> | Constipation (Estreñimiento) | <input type="radio"/> | <input type="radio"/> | Nausea |
| <u>Gastro:</u> | <input type="radio"/> | <input type="radio"/> | Vomiting (Vomito) | <input type="radio"/> | <input type="radio"/> | Abdominal Pain (Dolor Abdominal) | <input type="radio"/> | <input type="radio"/> | Blood in Stool (Sangre en el Excremento) |
| <u>GU:</u> | <input type="radio"/> | <input type="radio"/> | Frequent Urination (Orina Frecuentemente) | <input type="radio"/> | <input type="radio"/> | Blood in Urine (Sangre en la Orina) | | | |
| <u>Urologia:</u> | | | | | | | | | |
| <u>Musculoskeletal</u> | <input type="radio"/> | <input type="radio"/> | Joint Pain & Swelling (Dolor de coyunturas o Hinchado) | <input type="radio"/> | <input type="radio"/> | Back Pain (Dolor de Espalda) | <input type="radio"/> | <input type="radio"/> | Stiffness (Tenso) |
| | <input type="radio"/> | <input type="radio"/> | Muscle Pain (Dolor Muscular) | <input type="radio"/> | <input type="radio"/> | Scoliosis (Escoliosis) | | | |
| <u>Derm:</u> | <input type="radio"/> | <input type="radio"/> | Rash (Sarpullido) | <input type="radio"/> | <input type="radio"/> | Skin Sores (Llagas en la Piel) | <input type="radio"/> | <input type="radio"/> | Hair Loss (Pérdida de Pelo) |
| <u>Derma:</u> | <input type="radio"/> | <input type="radio"/> | Nail Changes (Cambio en las Unas) | | | | | | |

| | | | | | | | | | |
|--|-----------------------|-----------------------|------------------------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|---|
| Neurological: | <input type="radio"/> | <input type="radio"/> | Weakness (Debilidad) | <input type="radio"/> | <input type="radio"/> | Seizures (Convulsiones) | <input type="radio"/> | <input type="radio"/> | Numbness (Entumecimiento) |
| Neurologico: | | | | | | | | | |
| Endo/Meta: | <input type="radio"/> | <input type="radio"/> | Excessive Thirst (Sed Excesiva) | <input type="radio"/> | <input type="radio"/> | Unexplained Weight Gain (Aumento de Peso Inexplicable) | <input type="radio"/> | <input type="radio"/> | Unexplained Weight Loss (Perdida de Peso Inexplicable) |
| Chest/ Pulmonary Pecho/Pulmonar | <input type="radio"/> | <input type="radio"/> | Cough (Tos) | <input type="radio"/> | <input type="radio"/> | Frequent Pneumonia (Pulmonia Frecuentemente) | <input type="radio"/> | <input type="radio"/> | Chest Tightness (Opresion en el Pecho) |

| | | Family History - Historia Familiar | |
|-----------------------|-----------------------|---|--|
| Y | N | Relationship to Patient - (Relacion al Paciente) | |
| <input type="radio"/> | <input type="radio"/> | Congenital Heart Disease (Enfermedad cardiaca congenital) | |
| <input type="radio"/> | <input type="radio"/> | Sudden Death (Muerte Repentina) | |
| <input type="radio"/> | <input type="radio"/> | Arrhythmia (Arritmia) | |
| <input type="radio"/> | <input type="radio"/> | Cardiomyopathy-Dilated (Miocardiopatia-Dilatada) | |
| <input type="radio"/> | <input type="radio"/> | Cardiomyopathy-Hypertrophic (Miocardiopatia-Hipertrofia) | |
| <input type="radio"/> | <input type="radio"/> | Coronary Artery Disease (Enfermedad de Arteria Coronaria) | |
| <input type="radio"/> | <input type="radio"/> | Hypertension (High Blood Pressure) (Alta Presion) | |
| <input type="radio"/> | <input type="radio"/> | Diabetes (Diabetes) | |
| <input type="radio"/> | <input type="radio"/> | Heart Attack before age 50 (Ataque al Corazon antes de los 50) | |
| <input type="radio"/> | <input type="radio"/> | Murmurs (Soplo o Murmullo) | |

Favor de notar si alguno de lo siguiente existe en parientes:

Infarto Cardiaco antes de 50 anos Si No _____
 Presion alta Si No _____
 Defectos Cardiacos Si No _____

¿Fuma alguien en la casa? Si No _____

Favor de notar cualquier preocupacion con respecto a la salud del paciente: _____

