



Sanctuary for Healing and Integration, PLLC (SHIN)

Child & Adolescent and Adult Psychiatry
860 East 4500 South, Suite 302
Salt Lake City, UT 84107

MEDICAL HISTORY

Patient's Name _____

Please complete the following checklist - HAS THE PERSON ABOVE NAMED HAD, OR BEEN TREATED FOR:

SKIN	EYES, EARS, NOSE, THROAT	GASTRO-INTESTINAL
Skin disorders	Blurred / double vision	Nervous stomach
Allergies	Glasses / contact lenses	Chronic pain in stomach
Infections	Halos around lights	Ulcers
Itching / burning	Frequent runny / stuffy nose	Vomiting spells
Excessive sweating	Frequent nosebleeds	Frequent upset stomach
Boils, carbuncles	Sinus trouble	Vomiting blood
MUSCULOSKELETAL	Allergies	Diarrhea
Neck trouble	Frequent sore throat	Colitis
Back injury	Enlarged tonsils	Hemorrhoids
Back pain	Mastoiditis	Constipation
a-brace	Earaches	Dark / bloody stools
Broken bones	Ear infections	Soiling
Injured cartilage	Difficulty hearing	URINARY
Injured ligaments	Unusual noises in ears	Bedwetting
Rheumatism	Motion sickness	Pain on urination
Arthritis	RESPIRATORY	Bloody urine
Joint swelling	Wheezing / gasping for breath	Urinating more than six times a day
Stiffness	Asthma	Up at night to urinate
Cramps	Bronchitis	
Weakness	Frequent chest colds	MALE GENITAL
Gout	Pneumonia	Prostate problems
HEAD	Tuberculosis	Burning or discharge from penis
Frequent headaches	Coughing spells	Lumps on testicles
Dizziness	Coughing up blood	Pain in testicles
Nausea	Coughing up much phlegm	Venereal disease
Vomiting	(thick spit)	Sexual problems
Fainting	CARDIOVASCULAR	FEMALE GENITAL
Paralysis	Low blood pressure	Menstrual pain
Blackout spells	High blood pressure	Mood change related to menstruation
Coma	Racing heartbeat	Missed periods without explanation
Epilepsy	Chest pain	No periods by age 15
Convulsions / seizures	Swelling of feet / ankles	Breast mass / lump
Abnormal movements	Easy bruising / bleeding	Venereal disease
Poor coordination	High cholesterol	Sexual problems
Tics	Heart murmur	
Tremors	Irregular heartbeat	
Hiccups	Cold / blue fingers and toes on cold exposure	
Trouble speaking		
Numb / tingling limbs	Abnormal EKG	
Meningitis		
Head injury		

FEMALE GENITAL (continued)		DRUGS USED	Now	Past	ALLERGIES?
	Number of pregnancies	Alcohol			
	Number of miscarriages	Caffeine			
	Number of stillbirths	Nicotine			
	Number of children born alive	Stimulants			IMMUNIZATIONS UP TO DATE? YES NO
	Number of cesarian operations	(Ritalin, amphetamines, uppers, etc)			
	Number of abortions	Tranquilizers			OTHER PROBLEMS?
GLANDS / MAJOR ORGANS		(Valium, Librium, etc)			
	Thyroid problems	Antipsychotics			
	Liver disease	(Haldol, Thorazine, Stelazine, Mellaril, Trilafon, etc)			
	Hepatitis	Antidepressants			
	Diabetes	(Elavil, Tofranil, Pamelor, Prozac, Norpramin, Sinequan, etc)			
	Pancreatitis	Lithium			
	Unusual weight gain	Sleeping pills			
	Unusual weight loss	Hallucinogens			
	Always feeling cold	(LSD, PCP, etc)			
	Always feeling warm	Narcotics			
	Short stature	(Heroin, cocaine, methadone)			
	Unusual hair growth	Inhalants			
		(Gasoline, glue, etc)			
		Other			

EVER BEEN HOSPITALIZED? If yes, list:	Date:

PERSONAL / FAMILY DOCTOR
Name:
Address:
Phone:

THANK YOU!