|  3/15/2019 history.docx **MEDICAL HISTORY TABLE M Cheikin MD**  |
| --- |
|  |
|  Name: Current Date: Page 1  |
| **DO NOT PRINT THIS DOCUMENT--YOU WILL BE ADDING TO IT AFTER EACH VISIT. USE IT TO ORGANIZE ALL YOUR PAST DATA INTO ONE DOCUMENT.** **List any and all positive and negative events in REVERSE chronological order, including: life events (changing homes, graduation from school, marraige and divorce, childbirth, dates symptoms started or ended, dates treatment started or ended, initial and last visits with practitioners, laboratory tests, MRI's, etc.). Be overly inclusive--you can always delete a row! Add notes to explain more about what happened.** |
| **Date and Age** | **Event** | **Note** | **Leave Blank** |
| (**to add rows,** place cursor where you want to add, then click: Table, Insert, Row) |
|  | **REVERSE CHRONOLOGICAL ORDER!** |  |  |
|  |  |  |  |
|  | First appointment w Dr. Cheikin |  |  |
|  |  |  |  |
|  | Lab tests |  |  |
|  | Visits to other doctors |  |  |
|  | Changes in environments |  |  |
|  | Events after high school |  |  |
|  |  |  |  |
|  | Events during middle and high school |  |  |
|  | Issues with parents |  |  |
|  | Events during elementary school |  |  |
|  |  |  |  |
|  | Immunizations as a kid |  |  |
|  |  |  |  |
|  | Infections and surgeries as a kid |  |  |
|  |  |  |  |
|  | Symptoms first began |  |  |
|  |  |  |  |
|  | First doctor visit for symptom: |  |  |
|  |  |  |  |
|  | Lab test(s): |  |  |
|  |  |  |  |
|  | **I am born** |  |  |
|  | My mom becomes pregnant with me (describe anything you know about the pregnancy) |  |  |
|  | My older sibling(s) are born |  |  |
|  | My mother is born |  |  |
|  | My father is born |  |  |
|  | My maternal grandmother is born |  |  |
|  | My maternal grandfather is born |  |  |
|  | My paternal grandmother is born |  |  |
|  | My paternal grandfather is born |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |