Course Project Milestone #1: Health History Form

Your Name: Date:

Your Instructor’s Name:

***Directions****: Refer to the Milestone 1: Health History guidelines and grading rubric found in Doc Sharing to complete the information below. This assignment is worth 175 points, with 5 points awarded for clarity of writing, which means the use of proper grammar, spelling, and medical language.*

***Disclaimer****:* The focus of this assignment is on communicating details within the written client record. When taking a health history on an actual client, it is essential that the information is accurate. Please inform the person you are interviewing that they do **NOT** need to disclose information that they wish to keep confidential. If the interviewee decides not to share information, please write, “**Does not want to disclose**.”

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| **BIOGRAPHICAL DATA (10 pts)** |  |
| Date: |  |
| Initials: |  |
| Age: |  |
| Date of birth: |  |
| Birthplace: |  |
| Gender: |  |
| Marital status: |  |
| Race: |  |
| Religion: |  |
| Occupation: |  |
| Health insurance: |  |
| Source of information: |  |
| Reliability of source of information: |  |
| **PRESENT HEALTH HISTORY/ILLNESS (20 pts)** |  |
| Reason for seeking care: |  |
| Health patterns: |  |
| Health goals: |  |
| **HEALTH BELIEFS AND PRACTICES (15 pts)** |  |
| Beliefs and practices: |  |
| Factors influencing healthcare decisions: |  |
| Related traits, habits or acts: |  |
| **MEDICATIONS (20 pts) (Please refer to your assignment guidelines.)** |  |
| Prescription medications: |  |
| Over-the-counter medications: |  |
| Herbals: |  |
| **PAST HISTORY (20 pts)** |  |
| Childhood diseases: |  |
| Immunizations: |  |
| Allergies: |  |
| Blood transfusions: |  |
| Major illnesses: |  |
| Injuries: |  |
| Hospitalizations: |  |
| Labor and deliveries: |  |
| Surgeries: |  |
| Use of alcohol: |  |
| Use of tobacco: |  |
| Use of illicit drugs: |  |
| **EMOTIONAL HISTORY (15 pts)** |  |
| Mental, emotional or psychiatric problems: |  |
| **FAMILY HISTORY (20 pts)** |  |
| Father: |  |
| Mother: |  |
| Siblings: |  |
| Grandparents: |  |
| **PSYCHOSOCIAL/ OCCUPATIONAL HISTORY (15 pts)** |  |
| Occupational history: |  |
| Educational level: |  |
| Financial background: |  |
| **ROLES AND RELATIONSHIPS (15 pts)** |  |
| Significant others: |  |
| Support systems: |  |
| **ETHNICITY AND CULTURE (10 pts)** |  |
| Ethnicity and culture: |  |
| Physical and social characteristics that influence healthcare decisions: |  |
| **SPIRITUALITY (5 pts)** |  |
| Religious and spiritual needs: |  |
| **SELF-CONCEPT (5 pts)** |  |
| View of self-worth: |  |
| Future plans: |  |
| **REVIEW OF SYSTEMS (20 pts) (Please refer to your assignment guidelines and chapter 4 of your text. This is NOT a physical assessment.)** |  |
| Skin, hair, nails: |  |
| Head, neck, related lymphatics: |  |
| Eyes: |  |
| Ears, nose, mouth, and throat: |  |
| Respiratory: |  |
| Breasts and axillae: |  |
| Cardiovascular: |  |
| Peripheral vascular: |  |
| Abdomen: |  |
| Urinary: |  |
| Reproductive: |  |
| Musculoskeletal: |  |
| Neurologic: |  |