

Republic of the Philippines
Department of Science and Technology
PHILIPPINE SCIENCE HIGH SCHOOL – ILOCOS REGION CAMPUS
Poblacion East, San Ildefonso, Ilocos Sur

HISTORY AND DATA SHEET

Students should fill this up carefully in ink. The answer to the questions will help the Medical Clinic in rendering effective aid regarding you problems. ALL ANSWERS WILL BE HELD CONFIDENTIAL.

1. **Name** (print) : _____

2. **Address** : _____

3. **Date of birth** : _____ **Place of Birth** : _____

4. **Religion** : _____

5. **Family Physician** : _____

Address : _____

Telephone No. : _____

6. **Family History**

Father's Name: _____

Address: _____

Tel. No. _____

Age (indicate whether living or deceased) _____

If deceased, indicate cause of death _____

Mother's Name: _____

Address: _____

Tel. No. _____

Age (indicate whether living or deceased) _____

If deceased, indicate cause of death _____

Number of sibling living _____ deceased _____

cause of death _____

Order of birth in the family _____

Check which of the following diseases any of your relatives (to the first degree) have had and indicate the relatives that were so affected.

Cerebral Hemorrhage _____ Nervous Trouble _____

Kidney Disease _____ Psychiatric Problems _____

High Blood Pressure _____ Cancer _____

Heart Disease _____ Diabetes _____

Tuberculosis _____ Bleeding Tendency _____

Asthma _____ Eczema _____

Allergy _____ Convulsion _____

Headache/Migraine _____ Digestive Problem _____

7. Past Medical History

Check the following diseases/illnesses which you have had and write the age at which you had it. Put an X mark on those you have not had.

Chickenpox _____ Measles _____ German Measles _____
Mumps _____ Typhoid _____ Hepatitis _____
Amoebiasis _____ Br. Asthma _____ Allergy _____
Convulsion _____ Tetanus _____ Dengue/H-Fever _____
Tonsillitis _____ Pneumonia _____ Primary Complex _____
Migraine/Headache _____ Prolonged Cough _____

Other illnesses not mentioned _____

Hospitalization (specify illness and indicate year) _____

8. Immunization History

Check if you have been immunized against the following diseases and indicate the year when it was administered.

DPT _____
Mumps _____
Measles _____
German measles _____
Hepatitis A _____ Hepatitis B _____
Typhoid _____
Chickenpox _____

9. Menstrual History (female students)

Age of onset _____ Duration _____
Amount (scanty, moderate, profuse) _____
Occurrence (regular, irregular) _____
Pain (before, during, none) _____
Intensity of pain (mild, moderate, severe) _____
Medications usually taken _____

Date: _____

Signature of Student