

Medical History

Name: _____ Date: _____

General

How would you describe your current health? _____

Do you have any medical concerns? _____

Are you receiving any medical treatment? What type? _____

When was your last physical examination? _____

Do you have any allergies? What? _____

Has your health been effected in any way by your use of drugs including alcohol? _____

Do you or have you had any of the following? Mark "x" for yes:

- | | | |
|------------------------------|---------------------------|------------------------------------|
| Anemia ____ | Convulsions/Seizures ____ | Heart/Blood Pressure Problems ____ |
| Anxiety ____ | Depression ____ | Kidney Problems ____ |
| Bleeding ____ | Diabetes ____ | Liver Trouble ____ |
| Breathing/Lung Problems ____ | Headaches ____ | OB/GYN Problems ____ |
| Bowel/Stomach Trouble ____ | Head injury ____ | Pancreatitis ____ |

List all medications you are taking and the prescribing doctor/ ARNP'S _____

If you are taking mood or mind altering prescription drugs your prescribing doctor/ARNP will be notified of your participation in treatment and their input will be invited. This is for the protection & benefit of all of us. If you test positive for prescription drugs without a legal prescription, this will be seen as abuse of drugs.

Emotional

Have you had any changes in eating? _____ sleeping? _____ Explain: _____

Have you experienced periods of tearfulness? _____ sadness? _____ loss of interest in activities? _____

Periods of hopelessness? _____ Do you ever think of suicide? _____ harming yourself? _____ others? _____

Do you experience difficulty with fearfulness? _____ worry too much? _____ have trouble concentrating? _____

Do you have trouble controlling your temper? _____ Explain: _____

Substance abusing individuals are at higher risk for contracting HIV/AIDS, Hepatitis, Tuberculosis, sexually transmitted diseases (STD's) as well as other communicable diseases. We encourage you to get accurate information and anonymous/confidential testing. **We will gladly help you get anonymous/confidential testing and treatment – there are good assistance programs available. Please ask!**

Our licensing by The Department of Children and Families requires us to do both screening and education about communicable diseases. New cases must be reported to The Department of Health. We ask people to practice courtesy and general good hygiene including universal precautions and seeing a doctor when sick. **A copy of our infection control policy is available to you.** We will gladly answer questions you may have.

Hepatitis is a disease of the liver. There are several types of Hepatitis and people who are infected may not know it because they don't have symptoms yet. Chronic Hepatitis B & C are two of the most serious types which can be life threatening. Early detection can help save lives because treatment is available. Hepatitis can be transmitted through body fluids such as blood, semen, and vaginal fluids. Most commonly these fluids are exchanged during sexual contact, by piercing & tattooing, or by sharing paraphernalia used to smoke, **snort, or shoot** drugs. Hepatitis is also transmitted by contact with fecal stool, which is the reason for the signs in restaurant bathrooms. It is generally accepted that Hepatitis is **not** spread by casual contact. Testing is available through your doctor or at the Health Department. Symptoms of Hepatitis include tiredness or fatigue, flu-like symptoms, loss of appetite, nausea, vomiting, fever, and weakness. You can protect yourself from exposure by abstaining from sex and drug use. Safer sex and not sharing paraphernalia reduce exposure risks. We have handouts that provide additional information.

HIV (Human Immunodeficiency Virus) is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). People with HIV/AIDS may look healthy. Again, early detection can lead to life preserving and life enhancing treatment. HIV/AIDS can be transmitted through body fluids such as blood, semen, vaginal fluid, and sometimes breast milk. It is transmittable through oral, anal, **and vaginal** sex. It is transmittable through the sharing of needles including those used for drugs, piercing, and tattooing. HIV/AIDS is **not** spread through casual contact. Anonymous testing is available at the Health Department. Symptoms of AIDS often do not occur for many years after infection with HIV, and the infected person is contagious during this time. Again testing can save the lives of others as well as help the infected person receive proper treatment. You can protect yourself from exposure by abstaining from sex and use of needles. Safer sex including avoiding high-risk behavior reduces exposure risks. We have handouts available for more information.

Tuberculosis is a disease spread from person to person through germs in the air. Tuberculosis usually affects the lungs, but can affect other organs. More powerful strains of Tuberculosis are occurring and infection is on the rise. There are higher risk situations including exposure to confined spaces such as institutions or planes. Testing is available through your doctor or at the Health Department. Symptoms of Tuberculosis include feeling sick or weak, weight loss, fever, night sweats, cough, coughing up blood, and chest pain. We ask that people practice coughing into their elbow. For a demonstration or for additional information, please ask.

Screening
(check all that apply)

<p>Have you ever?</p> <p><input type="checkbox"/> Shared a needle?</p> <p><input type="checkbox"/> Had a tattoo or piercing?</p> <p><input type="checkbox"/> Had sex with a prostitute?</p> <p><input type="checkbox"/> Had sex for money or drugs?</p> <p><input type="checkbox"/> Had unprotected sex outside a monogamous relationship?</p> <p><input type="checkbox"/> Had multiple sex partners in the past year?</p> <p><input type="checkbox"/> Had a STD?</p> <p><input type="checkbox"/> Had a blackout while drinking or using other drugs?</p> <p><input type="checkbox"/> Had sex with someone who would answer yes to any of these questions?</p>	<p>Do you have?</p> <p><input type="checkbox"/> Night sweats?</p> <p><input type="checkbox"/> Fatigue?</p> <p><input type="checkbox"/> Flu-like symptoms?</p> <p><input type="checkbox"/> Cough?</p> <p><input type="checkbox"/> Cough up blood?</p> <p><input type="checkbox"/> Fever?</p> <p>Have you had?</p> <p><input type="checkbox"/> A recent HIV test?</p> <p><input type="checkbox"/> A recent Hepatitis test?</p> <p><input type="checkbox"/> A recent Tuberculosis test?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;"></td> <td style="text-align: right;">Risk Level</td> </tr> <tr> <td><input type="checkbox"/> A recent HIV test?</td> <td style="text-align: right;">Low</td> </tr> <tr> <td><input type="checkbox"/> A recent Hepatitis test?</td> <td style="text-align: right;">Medium</td> </tr> <tr> <td><input type="checkbox"/> A recent Tuberculosis test?</td> <td style="text-align: right;">High</td> </tr> </table>		Risk Level	<input type="checkbox"/> A recent HIV test?	Low	<input type="checkbox"/> A recent Hepatitis test?	Medium	<input type="checkbox"/> A recent Tuberculosis test?	High
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For anonymous/confidential testing call the Pinellas County Health Department @ (727) 824-6911

SIGNATURE

DATE