

THE IMPORTANCE OF HONEST AND ACCURATE HISTORY TAKING

History Taking is when the health care worker asks you, the patient, questions about yourself and your illness. It is vital that you communicate all relevant information about your illness or injury in order for the health care worker to make accurate diagnoses and provide optimal treatment.

MEDICAL HISTORY FORM			
		Name: DOB: Date:	-
Decu Jum Iren and		ritar Please circle:	ow Sep.
	DRY: Please circle all th	nat apply:	
High Blood Press.	□ CVA/Stroke	☐ Heart Disease	a
ligh Cholesterol	□Epilepsy/Seizures	□ Rheumatic Fever	
iabetes	Chronic		
nyroid Disease	adaches		
ver Disease		☐ Menstrual Disorder	
patitis A, B, or C	□ Dep.	□ Sexual Dysfunction	
l Bladder Disease	□ Alcohol	☐ Sexually Transmitted Disease	
norrhoids	□ Substance Abu.	UIV/AIDS	3/
ers		□ Inc.	

PLEASE DON'T LEAVE OUT DETAILS OF YOUR MEDICAL HISTORY WHICH YOU THINK ARE UNIMPORTANT; DON'T FEEL EMBARRASSED OR SHY TO MENTION ANYTHING THAT AFFECTS YOUR HEALTH. YOU ARE WELCOME TO ASK ANY QUESTIONS IF YOU DON'T UNDERSTAND THE MEDICAL WORDS USED.

HEALTH CARE WORKERS ARE
OBLIGED TO KEEP ALL YOUR
INFORMATION PRIVATE AND
CONFIDENTIAL. PLEASE PROVIDE
YOUR CORRECT PHYSICAL
ADDRESS.

THIS IS NEEDED TO HELP HEALTH CARE WORKERS FIND YOU, IF YOU MISS IMPORTANT HEALTH VISITS OR THEY NEED TO GIVE YOU IMPORTANT HEALTH TEST RESULTS. PLEASE PROVIDE AT LEAST
2 CORRECT TELEPHONE/
CELLPHONE NUMBERS SO
THAT THE HEALTH CARE
WORKER CAN CONTACT
YOU ABOUT TEST RESULTS
AND FOLLOW UP
APPOINTMENTS.

IF YOU NEED TO MOVE TO A
DIFFERENT TOWN OR PROVINCE,
PLEASE INFORM THE HEALTH CARE
WORKES, SO THAT THEY CAN
ENSURE THAT WHEREVER YOU ARE
GOING TO, YOU CAN CONTINUE WITH
YOUR TREATMENT AND YOUR
DETAILS CAN BE TRANSFERRED TO
THE NEAREST FACILITY.

HONEST, ACCURATE COMMUNICATION BETWEEN THE PATIENT AND HEALTH CARE WORKER, CAN SAVE LIVES.





