Pathological History

Patient Name: _____ Date:___/___/___

Personal Pathological History:

Tobacco:___Alcohol:___Drugs:___

Hospitalizations: Yes___ No ___ Reason:_____

Blood Transfusion: Yes___ No ___

Inheritance-family history:

Grandparents:_____

Father:_____

Mother:_____

Siblings:_____

Extended Family:_____

Women:

Pregnant: Yes___ No___ Pregnant: Yes___ No___ Weeks of gestation:___ Nursing: Yes___ No ___

Diagnostic Assistants:

X-Rays_____

Laboratory Studies:_____

Other Studies:_____

Diagnostics:_____

Fate of the patient after care:

_____

_____

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