Personal Pathological History

Patient Name:_____ Date: ___/___/___

Digestive System

Gastritis ___
Colilitis ___
Hepatitis ___
Gastric Ulcers / Intestinal ___
Jaundice ___
Chronic Diarrhea ___

Other:
_____
_____

Musculoskeletal Disorders

Arthralgia ___
Rigidity ___
Inflamation: ___

Other:
_____
_____

Genitourinary System

Dysuria: ___ Pollakiuria ___
Incontinence: ___ Polyuria ___
Nocturia: ___ Hematuria: ___
Tenesmus: ___

Other:
_____
_____

Female Reproductive System

Menarche: ___ No. of sexual partners ___
Frequency: ___ No. of pregnancies: ___
Duration: ___ Parturition: ___
Quantity: ___ Caesarea ___
Date of last period: Abortion ___
___/___/___ Nursing:
Begining of sexual life: Contraceptive Methods:
Age:____ _____

Date of last Pap Smear:
___/___/___

Other:
_____
_____

Male Reproductive System

Fractures: Yes___ No___
Specifics:
_____
Date:___/___/___
Complications:
_____
_____

Begining of sexual life:
Age:____
No. of sexual partners:
____

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