



Compass Behavioral Health Clinic

1820 Center Avenue · Janesville, Wisconsin 53546
Phone: 608 755-1475 Fax: 608 755-1733

ADULT AND FAMILY HEALTH HISTORY

Date: _____

Patient's Name: _____ D.O.B: _____ Age: _____

How would you generally describe your overall health: _____

Are you currently or have you ever been treated for the following:

Yes	No	Condition	Yes	No	Condition	Yes	No	Condition
		Allergies			Gastro-Intestinal Problem			Sickle Cell Disease
		Asthma			Heart Disease			Sleep Disorders
		Bleeding Disorder			Kidney Disease			Stroke
		Blood Pressure			Learning Disorder			Surgery
		COPD			Menstrual Problem			Thyroid Disease
		Diabetes			Musculo-Skeletal Problem			Serious Injury
		Ear / Sinus Problem			Psychological / Psychiatric			Other:
		Fainting			Seizures			Other:

Please explain yes answer (as needed): _____

Medication(s) you are currently taking, please include over-the-counter drugs, herbal supplements and vitamins

Medication	Dosage	Reason you are taking medication

Medication Allergies – please include medication and corresponding allergic reaction (i.e. hives, rash, fever...)

Relevant Family History

Condition	Parents		Siblings		Mother's Family		Father's Family		Describe
	Yes	No	Yes	No	Yes	No	Yes	No	
Mental Health Issues									
Suicide Attempts / Completions									
Alcohol Abuse / Dependence									
Drug Abuse / Dependence									
Diabetes									
Heart Disease									

Additional health information you may consider relevant: _____