



Walk-In Clinic

ACADIAN HEALTH SERVICES, INC.

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Phone 337-234-9925 • Fax 337-237-5211

Occupational Medicine and Urgent Care: Past Medical History - Patient to Complete Shaded Area

Name:

Social Security #:

Date:

Yes No

1. Headaches, frequent or severe

2. Head injury

3. Blackout, dizziness, fainting

4. Thyroid problems

5. Glasses or contacts

6. Glaucoma

7. Injuries, defects, operation on eyes

8. Ringing of ears

9. Loss of hearing

10. Skin conditions

11. Neck pain

12. Pain or pressure in chest

13. Have you coughed up blood

14. Shortness of breath

15. Frequent bronchitis

16. Chronic cough

17. Asthma, wheezing

18. Pneumonia

19. Tuberculosis/other lung disease

20. Palpitation or pounding heart

21. Heart trouble

22. High blood pressure

23. Enlarged or varicose veins

24. Loss of appetite

25. Inflammation or clots of veins

26. Unexpected weight change

27. Frequent nausea or vomiting

28. Vomiting of blood

29. Ulcer

30. Hemophilia (free bleeding)

31. Frequent diarrhea

32. Frequent constipation, severe

Yes No

33. Addiction to alcohol or drugs

34. Liver disease

35. Blood in bowel movement

36. Gallbladder trouble

37. Kidney or bladder problems

38. Prostate or testicle problems

39. Swollen, stiff or painful joints

40. Fractured or broken bones

41. Deformities of legs, feet, arms, hands, back or joints

42. Amputations

43. Back pain or injury

44. Spinal fusion or back surgery

45. Ruptured intervertebral disk

46. Growth or tumors

47. Diabetes

48. Stroke

49. Epilepsy/convulsions

50. Rheumatic fever

51. Nervous disorder

52. Fear of heights or confined area

53. Hernia

54. Allergies (drug, hay fever, food, contact)

55. Previous surgeries

56. Bleeding problems

57. Blood disorder

58. Hemorrhoids

59. Cancer

60. Venereal disease

61. Smoke or use tobacco

62. Illness or injuries not listed above

If "Yes", list number and give details:

Are you currently taking any medication? If yes, please list:

Past Work History

Work Related Injuries, Diseases:

Have you ever filed a workmen's compensation claim?

Yes

No

If yes, give dates, nature of claim and outcome:

"Failure to answer truthfully may result in the forfeiture of worker's compensation benefits."

I have read the above statement and the answers to the above questions and I certify them to be true and correct.

Signature of applicant:

Date: