

Frederick Health Employer Solutions
Phone: 240-566-3001

Patient Name: _____ Social Security #: _____ Company: _____ Date of Service: _____

Birthdate: ___/___/___ Age: _____ Form: F-HXCCFF

MEDICAL HISTORY-COMPREHENSIVE

WHAT IS YOUR HOME COMPANY #: _____
LIST ANY OTHER CARROLL AFFILIATIONS: _____
Allergies: Latex: ___ Yes ___ No
Medication Allergies: _____
Other Allergies: _____
Last Tetanus booster: _____ Current Physician: _____
Current Medications: _____

Medical Illnesses (check all that apply):
___ High Blood Pressure ___ Heart Disease ___ Lung Disease ___ Diabetes
___ Anemia ___ Kidney Disease ___ Seizures ___ Cancer
___ Stomach or Bowel Disorders: _____
___ Sleep Apnea _____
___ Fractures & Joint Injuries: _____
___ Other: _____
Surgeries: _____

Social History (Check all that apply):
___ Tobacco use ___ Cigarettes: ___ packs/day ___ years
___ Cigars: ___ per day ___ years
___ Pipe: ___ years
___ Chew/Snuff: ___ years
___ Alcohol use ___ Drinks per week

Place an X in the box if you have any of the conditions below now or in the past:
(caregivers: please comment on positive responses)

Vision	Heart/Vascular
___ 1. Do you use glasses? For reading For distant vision Contacts	Do you have: ___ 16. Chest pain on effort ___ 17. High blood pressure ___ 18. Shortness of breath ___ 19. Swelling of ankles ___ 20. Heart murmur
___ 2. Are you color blind?	Have you had: ___ 21. Heart attack ___ 22. Stroke ___ 23. Rheumatic fever ___ 24. Heart failure ___ 25. Heart surgery/Stent/Pacemaker
___ 3. Do you have: Retinal disease Cataracts Glaucoma	
___ 4. Do you use eye medicine?	
___ 5. Have you had eye surgery?	
___ 6. Have you had laser exposure?	

Hearing	Respiratory
Do you have:	Do you have:
___ 7. Difficulty hearing ___ 8. Ear disease ___ 9. Ringing in the ears ___ 10. Abnormal hearing test ___ 11. Do you use a hearing aid? ___ 12. Have you had ear surgery? ___ 13. Ruptured ear drum? ___ 14. Exposure to gunfire? ___ 15. Wear hearing protection?	___ 26. Chronic cough ___ 27. Asthma ___ 28. Bronchitis ___ 29. Hay fever ___ 30. Emphysema/COPD Have you had: ___ 31. Tuberculosis ___ 32. Lung cancer ___ 33. Lung surgery ___ 34. Silicosis ___ 35. Asbestos ___ 36. Black lung

Liver or Gastrointestinal	Blood, Endocrine
Do you have or have you had:	Have you had:

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MEDICAL HISTORY-COMPREHENSIVE

- 37. Hepatitis
- 38. Cirrhosis
- 39. Jaundice
- 40. Frequent indigestion
- 41. Ulcer disease
- 42. Colitis
- 43. Other intestinal problems
- 44. Do you have a hernia?
- 45. Have you had hernia surgery?

Genitourinary

Do you or have you had:

- 46. Kidney trouble
- 47. Bladder trouble
- 48. Kidney stones

Skin

- 49. Do you have eczema?
- 50. Do you have psoriasis?
- 51. Any other skin conditions

Neurologic

- 52. Tremors
 - 53. Dizzy spells
 - 54. Convulsions
 - 55. Paralysis
 - 56. Nerve damage
 - 57. Serious head injury
 - 58. Brain surgery
 - 59. Nervous breakdown
- Are you taking medication for:
- 60. Anxiety or depression
 - 61. Epilepsy
 - 62. Parkinson's disease

- 63. Anemia
- 64. Bleeding problems
- 65. Hormone problems
- 66. Diabetes
- 67. Thyroid problem

Musculoskeletal

Have you had or do you have:

- 68. Back trouble
- 69. Disc problems/surgery
- 70. Shoulder problems/surgery
- 71. Arm problems/surgery
- 72. Wrist problems/surgery
- 73. Hand problems/surgery
- 74. Hip problems/surgery
- 75. Leg problems/surgery
- 76. Knee problems/surgery
- 77. Ankle problems/surgery
- 78. Foot problems/surgery
- 79. Broken bones
- 80. Numbness, tingling, and/or pain in hands or arms

Communicable Diseases:

Have you had:

- 81. Chicken pox
- 82. Measles
- 83. German Measles
- 84. Mumps
- 85. Hepatitis A
- 86. Hepatitis B
- 87. Hepatitis C

Please list all prior jobs:

Company Name:

Dates Employed:

Job Description:

Circle any of the following processes and/or jobs done in the past:

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_____/_____/_____
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MEDICAL HISTORY-COMPREHENSIVE

Processes: abrasive blasting acid/alkali treatment degreasing
electroplating foundry forging
painting welding
grinding or metal machining
Industries: flour, feed or grain cotton processing rubber
insulation quarry work construction
farming petroleum shipyards

Circle any of the following substances to which you have had regular exposure in the workplace:

Fumes or dusts: silica coal asbestos talc fiberglass
cotton dust sawdust other: _____

Solvents: benzene carbon tetrachloride trichloroethylene
naptha xylene other: _____

Chemicals or gases:
ammonia formaldehyde hydrogen sulfide
cyanide sulfur dioxide chromium
mercury lead cadmium
nickel other: _____

Miscellaneous: radiation insecticides/herbicides
cutting oils motor exhaust noise

Have you ever needed medical care for exposure to any of the above? Yes No
Type of problem: Skin: _____ Lungs: _____ Other: _____

Work related injuries and illnesses:

Year: Injury and treatment: _____ Time off work: _____

Yes No (Explain if yes)
____ Have you ever applied for worker's compensation or
disability payments for any injury or illness which
developed on the job? Explain:

____ Are you currently being treated by a doctor for a work
related injury or illness? Explain:

Employee Signature

Date

Reviewed By
f-hxcccff

Date