

Republic of the Philippines  
Department of Science and Technology  
**PHILIPPINE SCIENCE HIGH SCHOOL – MAIN CAMPUS**  
Agham Road, Diliman, Quezon City

**HISTORY AND DATA SHEET**

Students should fill this up carefully in ink. The answer to the questions will help the Medical Clinic in rendering effective aid regarding you problems. ALL ANSWERS WILL BE HELD CONFIDENTIAL.

- 1. **Name** (print) : \_\_\_\_\_
- 2. **Address** : \_\_\_\_\_
- 3. **Date of birth** : \_\_\_\_\_ **Place of Birth** : \_\_\_\_\_
- 4. **Religion** : \_\_\_\_\_
- 5. **Family Physician** : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_

**6. Family History**

Father's Name: \_\_\_\_\_  
Age (indicate whether living or deceased) \_\_\_\_\_  
If deceased, indicate cause of death \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Age (indicate whether living or deceased) \_\_\_\_\_  
If deceased, indicate cause of death \_\_\_\_\_  
Number of sibling living \_\_\_\_\_ deceased \_\_\_\_\_  
cause of death \_\_\_\_\_  
Order of birth in the family \_\_\_\_\_

Check which of the following diseases any of your relatives have had and indicate the relatives that were so affected.

Cerebral Hemorrhage \_\_\_\_\_ Nervous Trouble \_\_\_\_\_  
Kidney Disease \_\_\_\_\_ Psychiatric Problems \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_ Cancer \_\_\_\_\_  
Heart Disease \_\_\_\_\_ Diabetes \_\_\_\_\_  
Tuberculosis \_\_\_\_\_ Bleeding Tendency \_\_\_\_\_  
Asthma \_\_\_\_\_ Eczema \_\_\_\_\_  
Allergy \_\_\_\_\_ Convulsion \_\_\_\_\_  
Headache/Migraine \_\_\_\_\_ Digestive Problem \_\_\_\_\_

**7. Past Medical History**

Check the following diseases/illnesses which you have had and write the age at which you had it. Put an X mark on those you have not had.

Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ German Measles \_\_\_\_\_

Mumps \_\_\_\_\_ Typhoid \_\_\_\_\_ Hepatitis \_\_\_\_\_  
Amoebiasis \_\_\_\_\_ Br. Asthma \_\_\_\_\_ Allergy \_\_\_\_\_  
Convulsion \_\_\_\_\_ Tetanus \_\_\_\_\_ Dengue/H-Fever \_\_\_\_\_  
Tonsillitis \_\_\_\_\_ Pneumonia \_\_\_\_\_ Primary Complex \_\_\_\_\_  
Migraine/Headache \_\_\_\_\_ Prolonged Cough \_\_\_\_\_

Other illnesses not mentioned \_\_\_\_\_

Hospitalization (specify illness and indicate year) \_\_\_\_\_

Medicines usually taken \_\_\_\_\_

**8. Immunization History**

Check if you have been immunized against the following diseases and indicate the year when it was administered.

DPT \_\_\_\_\_

Mumps \_\_\_\_\_

Measles \_\_\_\_\_

German Measles \_\_\_\_\_

Hepatitis A \_\_\_\_\_

Hepatitis B \_\_\_\_\_

Typhoid \_\_\_\_\_

Others: \_\_\_\_\_

Chickenpox \_\_\_\_\_

**9. Menstrual History (female students)**

Age of onset \_\_\_\_\_ Duration \_\_\_\_\_

Amount (scanty, moderate, profuse) \_\_\_\_\_

Occurrence (regular, irregular) \_\_\_\_\_

Pain (before, during, none) \_\_\_\_\_

Intensity of pain (mild, moderate, severe) \_\_\_\_\_

Medications usually taken \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Signature of Student