

Today's DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

**REASON FOR VISIT:**

\_\_\_\_\_

PAST MEDICAL HISTORY: please check all that apply to you

ALZHEIMER'S	LIVER DISEASE/HEPATITIS
ARTHRITIS	LUNG DISEASE
ASTHMA	MAJOR INJURY TYPE:
BACK PROBLEMS	MEASLES
BLOOD CLOTS	MIGRAINES
CARDIAC STENT	MUMPS
CHICKEN POX	NERVOUS BREAKDOWN
CLOT RETENTION	PACEMAKER/DEFIBRILLATOR
CONVULSIONS/SEIZURES	PARKINSON'S DISEASE
DIABETES	PNEUMONIA
CANCER TYPE:	POST OP HEMORRHAGE OR BLEEDING
DEPRESSION/ANXIETY	RHEUMATIC FEVER
GLAUCOMA	SCARLET FEVER
HEART ATTACK	SKIN DISEASE
HEARTBURN/GASTRIC REFLUX	STROKE
HEART TROUBLE	THYROID
HIGH BLOOD PRESSURE	TUBERCULOSIS
HIGH CHOLESTEROL/LIPIDS	ULCERS
HIV/AIDS	URINARY CATHETER
INFLAMMATORY BOWEL	URINARY TRACT INFECTION
IRREGULAR HEARTBEAT	VENEREAL DISEASE
JOINT REPLACEMENT TYPE:	WHOOPING COUGH
KIDNEY/BLADDER DISEASE	SERIOUS ILLNESS/OTHER TYPE:
KIDNEY STONES	

PLEASE LIST ALL PAST SURGERIES AND DATES AND ANY COMPLICATIONS

SURGERY	DATE	COMPLICATIONS

PLEASE LIST ALL MEDICATIONS YOU ARE TAKING AND DOSES

MEDICATION	DOSE

PLEASE LIST ANY ALLERGIES AND REACTIONS

ALLERGY	REACTION

PLEASE SELECT ANY OF THE FOLLWING THAT A **BLOOD** RELATIVE HAS HAD AND STATE WHICH RELATIVE IT WAS

DISEASE	FAMILY MEMBER
CANCER (TYPE)	
DIABETES	
HEART TROUBLE	
HIGH BLOOD PRESSURE	
KIDNEY TROUBLE	
MENTAL TROUBLE	
SEIZURES/CONVULSIONS	
STROKE	
TB (Tuberculosis)	

**SOCIAL HISTORY:**

DO YOU DRINK: YES NO HOW MUCH: \_\_\_\_\_ HOW OFTEN: \_\_\_\_\_

DO YOU SMOKE: YES NO HOW MUCH: \_\_\_\_\_ HOW OFTEN: \_\_\_\_\_

DO YOU USE ILLICIT/ILLEGAL DRUGS: YES NO

HOW MUCH: \_\_\_\_\_ HOW OFTEN: \_\_\_\_\_

# REVIEW OF SYSTEMS

Please mark any **CURRENT** issues

	<b>Constitution</b>		<b>Gastrointestinal</b>
	Fever		Heartburn
	Chills		Nausea
	Fatigue		Vomiting
	Loss of appetite		Diarrhea
			Constipation
	<b>Eyes</b>		Abdominal pain
	Blurred vision		
	Double vision		<b>Integumentary</b>
	Eye pain		Skin rash
			Itching
	<b>HENT</b>		New skin lesions
	Sore throat		
	Sinus pain		<b>Neurological</b>
	Headaches		Tingling or numbness
			Memory difficulties
	<b>Cardiovascular</b>		Tremors
	Chest pain		
	Lower extremity edema		<b>Musculoskeletal</b>
			Back pain
			Joint pain
	<b>Respiratory</b>		Muscle weakness or paralysis
	Shortness of breath		
	Wheezing		<b>Hematological/Lymphatic</b>
	Cough		Lymph node enlargement or tenderness
			Swollen glands
			Blood clotting problem