

Medical History

Name: _____

Chart # _____

Have you ever, or are you currently, experiencing any of the following: (please circle)

HEENT:

Headaches
Ringing in ears
Dizziness
Swallowing difficulties
Sinus Problems
Vision Problems
Other: _____

MUSCLE/SKELETON:

Muscle pain
Muscle spasms
Arthritis
Rheumatoid Arthritis
Fractures
Hip Replacement
Knee Replacement
Other: _____

What operations have you had?

Reason: _____
Date: _____
Doctor: _____

Reason: _____
Date: _____
Doctor: _____
Use other side if more space needed

NEURO:

Stroke
Parkinson's Disease
Bells Palsy
Multiple Sclerosis
Other: _____

ENDO:

Thyroid Problems
Diabetes type 1 / type 2
Other: _____

Do you drink? _____ How Much? _____ How Long? _____
Do you smoke? _____ How Much? _____ How Long? _____

PULM:

COPD
Asthma
Pulmonary Embolism
Shortness of Breath
Lung Cancer
Tuberculosis
Other: _____

HEME:

Blood Clotting Problems
Anemia
Sickle Cell
Other: _____

Family History:

Mother: Living? Y N Conditions? _____

Father: Living? Y N Conditions? _____

CV:

CHF (heart failure)
Mitral Valve Prolapse
Murmur
Heart Attack (MI)
Aneurysms
Deep Vein Thrombosis (clot)
High Blood Pressure
Other: _____

IMMUNE:

HIV/AIDS
Hepatitis A/B/C
MRSA
Herpes Simplex
Lymphatic Disorder
Other: _____

Siblings: Living? Y N brother/sister? Conditions? _____

GI: (Stomach/Bowels)

Colon Cancer
Polyps
Acid Reflux
Diverticulitis
Nausea
Vomiting
Diarrhea
Constipation
Incontinence
Other: _____

INTEG:

Dermatitis
Psoriasis
Leg/Foot Ulcers
Skin Cancer
Other: _____

PSYCH:

Depression
Anxiety
Phobias
OCD
Bi-Polar
Other: _____

Have you had recent testing? (MRI, CT Scan, Life Line)
When? _____
What was done? _____
Where? _____
Doctor: _____

GU: (Urinary)

Painful Urination
Difficulty urinating
Incontinence
Bladder Cancer
Urinary Tract Infection (UTI)
Hematuria (blood in urine)
Bladder Problems
Kidney Problems
Other: _____

GENERAL:

Recent weight loss _____ lbs
recent weight gain _____ lbs
Fatigue
Malaise (just not feeling well)
Lack of appetite
Other: _____

What brings you in today?

Please sign: _____ Date: _____

Thank You