



Medical Information Patient History

Name: _____ Age: _____ Date: _____

Family Doctor: _____

Referring Doctor: _____

Other Doctors, Chiropractors, Therapists etc that have treated you:

<u>Name</u>	<u>Date</u>	<u>Type of treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Problem:

- High Blood Pressure Heart Failure Heart Attack Diabetes/Insulin Resistance
 Asthma Hepatitis Ulcers Pneumonia
 Thyroid Problems Cancer Stroke High Cholesterol
 Other _____

Surgery: (Please list all surgeries you have had)

<u>Date</u> (Month/year)	<u>Procedure</u> (Kind of surgery)	<u>Surgeon</u>	<u>Location</u> (City, State, Hospital)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Injuries: _____

Current Medications: (Include Non-Prescription medication)

<u>Name of Medication</u>	<u>Dose (mg)</u>	<u>#per day/hour</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pharmacy: _____

Allergies to Medications: _____

Social History: Employment: _____

Alcohol Use: _____ Illegal Drug Use: _____ Smoking/Tobacco: _____

- Family History:** Cancer Heart Disease Diabetes Spine Problems Dementia
 Parkinson's Migraines High Cholesterol Epilepsy Bleeding Disorder Arthritis
 Kidney Disease Thyroid Disease
 Other _____

Review of systems: (Please circle any of the following for each system that currently pertain to your health)

General: Weight Loss, Fever, Chills, Night Sweats

Head: Headache, Trauma, Migraines, Concentration Problems.

Eyes: Glasses or Contacts, Double Vision, Blurred Vision, Cataracts

Ear: Hearing Loss, Ringing in the Ears, Discharge, Earaches

Nose/Throat: Sinusitis, Congestion, Sore Throat, Hoarseness, Dental Problems, Swallowing Difficulty

Respiratory: Cough, Hemoptysis (coughing up blood), Pleural Pain, Wheezing, Asthma

Cardiovascular: Chest Pain or Pressure, Palpitations, Murmur, Hypertension, Ankle Swelling

Gastrointestinal: Nausea, Vomiting, Diarrhea, Constipation, Ulcers, Hepatitis

Genitourinary: Hematuria (blood in urine), Frequency, Urgency, Hesitancy, Incontinence, Infections, Prostatitis, Hernias, Menopause

Musculoskeletal: Arthritis, Joint Pain, Swelling, Gout, Neck Pain, Back Pain, Arm Pain, Shoulder Pain, Leg Pain, Neck or Back Injury

Neurologic: Dizziness, Loss of Awareness, Seizures, Vertigo, Weakness, Tremor, Speech Difficulty, Numbness, Tingling, Loss of Balance, Incoordination

Skin: Skin Rashes, Moles, Dryness, Lumps, Pigmentation

Endocrine: Excessive Thirst, Cold or Heat Intolerance, Diabetes, Thyroid

Hematologic: Anemia, Bruising, Easy Bleeding, Lymph Node Enlargement

Allergic/ Immunologic: Allergies To Medicine/Food/Dye, Hepatitis, HIV

Psychiatric: Depression, Agitation, Panic/Anxiety, Memory Disturbance, Hallucinations

Other:

Office use only:

Vitals: Height: _____ Weight: _____ Temp: _____ BP: _____ Pulse: _____