



PATIENT HISTORY

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

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Medical History:

Do you have a history of:

- Diabetes/High Blood Pressure Y or N
Heart Disease Y or N
Stroke Y or N
Obstructive Pulmonary Disease Y or N
Kidney Disease Y or N
Thyroid Disease Y or N
AIDS/HIV Y or N
Hepatitis Y or N
Rheumatoid Arthritis Y or N
Asthma Y or N

Family History

Has anyone in your family had any of the following conditions?

- Heart Disease Y or N
Stroke Y or N
Cancer Y or N
Bleeding Disorder Y or N

Past Surgical History:

Please list any operations you have had:

\_\_\_\_\_  
\_\_\_\_\_

Social History:

Do you use:

- Tobacco Y or N
Alcohol Y or N

Do you have or have you had a problem with chemical dependency? Y or N

Are you pregnant? Y or N

Allergies

Please list all drugs to which you are allergic:

\_\_\_\_\_  
\_\_\_\_\_

Review of Symptoms

Do you have any of these symptoms? Please circle Y or N for each condition:

Are you being treated for any of these conditions? Y or N

Constitutional:

- Depression Y or N
Fever Y or N
Weight loss/gain Y or N

Heart:

- Chest pain Y or N
Irregular heartbeat Y or N
Poor circulation Y or N

Genitourinary:

- Bloody urine Y or N
Pain when urinating Y or N
Unable to urinate Y or N

Neurological:

- Paralysis Y or N
Frequent headaches Y or N

Blood:

- Blood problems Y or N
Blood transfusion Y or N

Eyes:

- Decreased vision Y or N
Cataracts Y or N

Lungs:

- Shortness of breath Y or N
Wheezing Y or N
Persistent cough Y or N

Musculoskeletal:

- Joint swelling Y or N
Muscle aches Y or N
Joint pain Y or N

Psychiatric:

- Depression Y or N
Bipolar disorder Y or N

Allergies:

- Allergies to foods Y or N
Allergies to things other than medicines Y or N
Allergies to chicken feathers Y or N

Ears, Nose & Throat:

- Loss of hearing Y or N
Sinus problems Y or N

Gastrointestinal:

- Stomach pain Y or N
Diarrhea Y or N
Persistent vomiting Y or N

Skin:

- Rash Y or N
Dryness of skin Y or N

Endocrine:

- Thyroid problems Y or N
Diabetes Y or N

Other:

\_\_\_\_\_  
\_\_\_\_\_