

PERSONAL HISTORY REVIEW:

Please List Present Medications & Dosage :

Medication Name/Dosage

Medication Name/Dosage

Drug allergies: _____

YOUR PAST MEDICAL HISTORY:

High Blood Pressure	Asthma/CPOD	Kidney Disease	Arthritis
Heart Attack	Bleeding Ulcer	Diabetes	Alcoholism
Stroke	Hiatal Hernia	Memory Disorder	Drug Problems
Seizure	High Cholesterol	Cancer	
Migraine H/A	Thyroid Condition	Tremors	
Head Injury	Syncope/LOC	Depression/Anxiety	

Surgical History:

Have you ever had any surgeries? Yes No

If Yes: When _____

Procedure: _____

Family History:

High Blood Pressure	Who:	Depression	Who:
Stroke	Who:	Diabetes	Who:
Seizure	Who:	Cancer	Who:
Heart Attack	Who:	Alzheimer's Disease	Who:
High Cholesterol	Who:	Parkinson Disease	Who:
Migrane	Who:	Syncope	Who:

Social History:

Married Divorced Widowed Single Children Yes No How Many? _____

Occupation _____ Highest Level Of Education? _____

Alcohol Use Smoking Substance Abuse

SYSTEMS REVIEW:

DATE: _____

(TO BE COMPLETED BY PATIENT)

	Now	Past Year		Now	Past Year
General :			Genitourinary :		
Fever or Chills			Painful Urination		
Appetite Change			Frequent Urination		
Weight Gain			Bladder Control Problem		
Weight Loss			Blood In Urine		
Night Sweats			Urinary Infection		
Eyes :			Musculoskeletal :		
Blurred Vision			Joint Pain		
Double Vision			Back or Neck Pain		
			Arm or Leg Pain		
			Muscle Pain or Cramps		
ENT :			Neurological :		
Hearing Loss			Frequent Headaches		
Ringing In ears			Numbness of Arms or Legs		
Sinus Trouble			Muscle Weakness		
Allergies or Hay fever			Poor Coordination		
Nose Bleeds			Falls		
Hoarseness			Tremor or Shaking		
Frequent Sore Throat					
Mouth Ulcers					
Cardiovascular :			Psychiatric :		
High Blood Pressure			Depression		
Chest Pain or Tightness			Anxiety		
Irregular Heartbeat			Memory Change		
Fainting or Dizziness			Counseling or Treatment		
Leg Cramps Walking			Claustrophobia		
Swollen Ankles or Feet			Hallucination		
Pacemaker					
Respiratory :					
Bronchitis or Cough					
Coughed Blood					
Wheezing					
Shortness of Breath					
Gastrointestinal :					
Difficulty Swallowing					
Heartburn or Indigestion					
Abdominal Pain					
Nausea or Vomiting					
Diarrhea					
Rectal Bleeding					
Endocrine :					
Fatigue					
Sensitive to Heat or Cold					
Tyroid Goiter or Swelling					
Change in Thirst					
Impotence					

