PAST MEDICAL HISTORY

Brain:
- ❑ TIA (transient ischemic attack)
- ❑ Stroke

Endocrine:
- ❑ Insulin dependent diabetes
- ❑ Non-insulin dependent diabetes
- ❑ Hypercholesterolemia
- ❑ Hypothyroidism
- ❑ Severe Osteoporosis

Heart:
- ❑ Coronary artery disease
- ❑ Myocardial infarction (heart attack)
- ❑ Hypertension/High Blood Pressure

Infectious:
- ❑ HIV
- ❑ Hepatitis
- ❑ Cellulitis
- ❑ Syphilis
- ❑ Joint infection

Kidney:
- ❑ Chronic renal failure

Lung:
- ❑ Pulmonary embolism
- ❑ Chronic bronchitis
- ❑ Asthma
- ❑ COPD

Musculoskeletal:
- ❑ Low back pain
- ❑ Sciatica
- ❑ Spinal Stenosis
- ❑ Degenerative disk disease
- ❑ Juvenile Rheumatoid Arthritis
- ❑ Lupus
- ❑ Rheumatoid Arthritis
- ❑ Psoriasis
- ❑ Osteoarthritis
- ❑ Severe Osteoporosis

Cancer:
Type: ____________________

Psychiatric:
- ❑ Alcohol abuse
- ❑ Major depression
- ❑ Anxiety disorder
- ❑ Bipolar disorder
- ❑ Schizophrenia

Stomach and Intestine:
- ❑ GERD/Reflux
- ❑ Gastric ulcer
- ❑ Irritable Bowel Syndrome

Vascular:
- ❑ DVT
- ❑ Phlebitis
- ❑ Sickle cell anemia

Other:
1. ____________________
2. ____________________
3. ____________________

FAMILY HISTORY

- ❑ Cancer ____________________
- ❑ Heart Disease ____________________
- ❑ Diabetes ____________________
- ❑ Other ____________________

1. Do you use tobacco products?
- ❑ No. Never.
- ❑ No. I quit __________ months/years ago.
- ❑ Yes. __________ packs per day.

2. Do you use alcoholic beverages?
- ❑ Yes. __________ per week/month.
- ❑ Occasionally ❑ No

3. Do you use illicit drugs?
- ❑ Yes. Type: ____________________ ❑ No

REVIEW OF SYSTEMS

Please check any symptoms that you are currently experiencing.

General:
- ❑ Good general health
- ❑ Chills
- ❑ Feeling tired all the time
- ❑ Dizziness
- ❑ Fever
- ❑ Night sweats
- ❑ Weight gain (more than 10 lbs.)
- ❑ Weight loss (more than 10 lbs.)

Skin:
- ❑ Rashes
- ❑ Psoriasis
- ❑ Bruise easily
- ❑ Abnormal Lumps
- ❑ Painful breast

Heent:
- ❑ Blurry vision
- ❑ Sinusitis
- ❑ Fainting

Neck:
- ❑ Difficulty swallowing

Respiratory:
- ❑ Shortness of breath
- ❑ Chronic cough
- ❑ Wheezing

Cardiovascular:
- ❑ Chest pain
- ❑ Palpitations
- ❑ Irregular heartbeat
- ❑ Heart murmur

Gastrointestinal:
- ❑ Anorexia
- ❑ Constipation
- ❑ Diarrhea
- ❑ Nausea/vomiting
- ❑ Loss of bowel control
- ❑ Blood in stool

Genitourinary:
- ❑ Blood in urine
- ❑ Painful urination
- ❑ Loss of bladder control
- ❑ Increased frequency of Urination
- ❑ Kidney Stones

Musuloskeletal:
- ❑ Fractures/sprains
- ❑ Osteoporosis
- ❑ Joint swelling

Neurological:
- ❑ Dizziness
- ❑ Headaches/migraine
- ❑ Convulsions/seizures
- ❑ Loss of consciousness

Psychiatric:
- ❑ Anxiety
- ❑ Change in sleep pattern
- ❑ Depression

Endocrine:
- ❑ Thyroid Problems
- ❑ Appetite changes
- ❑ Diabetes

Hematology:
- ❑ Enlarged lymph nodes
- ❑ Prolonged bleeding
- ❑ Spontaneous bleeding