





## Past Medical History

Circle any of the following conditions that may apply:

- |                                |                               |
|--------------------------------|-------------------------------|
| Blood Clotting Disorder        | Osteoporosis                  |
| Under Pain Management          | Osteoarthritis                |
| Wears Corrective Lenses        | Skin Rash                     |
| Glaucoma                       | Skin Infection                |
| Legally Blind                  | Skin Ulceration               |
| Hearing Impaired               | Skin Bruising                 |
| Vertigo                        | Pressure Sore                 |
| Sinusitis/Sinus Infection      | Cerebral Palsy                |
| Dental issues/gingivitis       | Seizure Disorder              |
| History of Head/Neck Tumor     | Cerebrovascular Accident      |
| Sleep Apnea                    | Dementia                      |
| Asthma                         | Neuromuscular Disease         |
| COPD                           | Neruopathy                    |
| Cystic Fibrosis                | Claustrophobia                |
| Pneumonia                      | Anxiety Disorder              |
| Pulmonary Embolism             | Depression                    |
| Arrhythmia                     | Bipolar Disorder              |
| Pacemaker                      | Psychosis                     |
| Heart Murmur                   | Obesity                       |
| Mitral Valve Prolapse          | Diabetes Type II (NIDDM)      |
| Cardiac Valvular Disease       | Diabetes Type I (IDDM)        |
| Hypertension                   | Hyperthyroidism               |
| Hypercholesterolemia           | Hypoparathyroidism            |
| Coronary Artery Disease        | Hypothyroidism                |
| Previous Myocardial Infarction | Deep Vein Thrombosis          |
| Congestive Heart Failure       | Peripheral Vascular Disease   |
| GERD                           | Dysvascular Gangrene          |
| Peptic Ulcer Disease           | Dysvascular Amputation LE     |
| Irritable Bowel Syndrome       | Chronic Venous Stasis Disease |
| Crohn's Disease                | Anemia                        |
| Ulcerative colitis             | Sickle Cell                   |
| Diverticulitis                 | Coagulopathy                  |
| Hepatitis                      | Chemically Anticoagulated     |
| Cholecystitis                  | LTP/TTP                       |
| Pancreatitis                   | Rhumatoid Arthritis           |
| Cystitis                       | Lupus Arthritis               |
| Renal Failure                  | Gout                          |
| Renal Dialysis                 | Current Active Infection      |
| Fracture                       | HIV Positive                  |
| Fragility Fracture             | Active AIDS                   |
| Joint Injury                   | Poliomyelitis/Post Polio      |
| Deformity                      | Cancer (list type)            |
| Osteomyelitis                  | Organ Transplant              |
| Fracture - non union           | Other                         |
|                                | NONE                          |

## Review of Systems

Circle any of the following which apply today:

Fever	Night Sweats		
Dry Eyes	Vision Changes		
Difficult Hearing	Ear Pain		
Sore Throat	Snoring	Dry Mouth	
Chest Pain	Shortness of breath	Palpitations	
Cough	Wheezing	Sleep Apnea	
Abdominal Pain	Heartburn	Vomiting	Diarrhea
Muscle Aches	Muscle Weakness	Back Pain	Swelling in Extremities
Rash	Dry Skin	Skin Lesions	
Weakness	Seizures	Dizziness	Migraines
Nervousness	Irritability	Depression	Hallucinations
Fatigue			
Sinus problems			