

Name: _____ DOB: _____ Sex: M F _____ Todays Date _____

Marital Status: Single _____ Divorced _____ Widowed _____ Separated _____ Married _____

Children? Yes No How Many? _____ Occupation: _____ Military Service: _____

Personal Habits: Alcohol Y N Tobacco Y N Quit _____yr Caffeine Y N Recreational Drugs Y N
Quantity: _____/Wk Quantity: _____pk/day Coffee Tea Soda
How long: _____Yrs Qty _____/wk

Medication Allergies: _____
(with Reaction)

Current Medications: Dose

Current Medical Problems : _____

Surgeries/Hospitalizations:
Year

Most Recent Date For The Following:
Pneumovax Immunization: _____
MMR Immunization: _____
Tetanus Booster: _____
Eye Exam: _____ Hearing: _____
Colonoscopy: _____
Mammogram: _____ Pap _____
Rectal/Prostate Exam: _____

Family History: (Parents, Grandparents, Siblings)
Age Health Problems/Cause of Death
Mother _____
Father _____
Siblings _____

Circle Any Diseases A Family Member Has Had
Heart Attack _____ High Blood Pressure _____
Arthritis _____ Bleeding Tendency _____
Cancer Type: _____
Liver Disease _____ Tuberculosis _____
Kidney Disease _____ Goiter _____
Epilepsy _____ Asthma _____
Hepatitis _____ Aids _____
Ulcers _____ Stroke _____
Rheumatic Fever _____ Thyroid Disease _____
Anemia _____ Depression _____
Blood Clots _____

System Review: Circle if you now have or have had in the past:
Severe Dizziness Y N Stomach Ulcers Y N Gout Y N Loss of Libido or Y N
Ear Problems Y N Frequent Stomach or Y N Back Problems Y N Other sexual issues Y N
Chronic Cough Y N Abdominal Pain Y N Hernia Y N Irregular Menses Y N
Asthma Y N Vomiting Blood Y N Seizures Y N Prolonged Diarrhea Y N
Coughing up Blood Y N Bloody/Black/Tarry Stool Y N Numbness or Y N Painful Menstrual Y N
Hay Fever Y N Hemorrhoids Y N Weakness Y N Cramping Y N
Chest Pain Y N Gallbladder Trouble Y N Recent/Unexpected weight change Y N Loss of Consciousness Y N
Shortness of Breath Y N Recent Change in Bowel Habits Y N Loss of Consciousness Y N Loss of Vision Y N
High Blood Pressure Y N Hepatitis/ Jaundice Y N Depression Y N Hearing Loss Y N
Swollen Ankles Y N Kidney Stones Y N Trouble Sleeping Y N Difficulty w/Memory Y N
Leg Cramps w/walking Y N Kidney Infection Y N Anemia Y N Skin Rash Y N
Phlebitis Y N Bladder Infection Y N Goiter Y N Chronic Swollen Glands Y N
Heart Murmur Y N Difficulty Urinating Y N Thyroid Problems Y N Unexplained Lumps Y N
Heart Problems Y N Joint Pain/Stiffness Y N Blood Clots Y N Heart Palpitations Y N
Diabetes Y N Joint Swelling Y N Headache Y N Fever/Chills/Nightsweats Y N
Severe Heartburn Y N Sinus Infection Y N Difficulty Swallowing Y N
Severe Bleeding Y N Constant Fatigue Y N Anxiety Y N