Patient Name _____

Patient Information and Health History

Please complete all information to the best of your knowledge.

Medication Algeries: □ Yes □ No

Allergy Reaction

_____

Family History

Do any of your *grandparents, parents, siblings or children* have the following diseases?

			Relationship
Adopted, unknown	□ Yes	□ No	_____
Anemia	□ Yes	□ No	_____
Arthritis	□ Yes	□ No	_____
Asthma	□ Yes	□ No	_____
Autoimmune disease	□ Yes	□ No	_____
Back/Neck problems	□ Yes	□ No	_____
Bleeding disorder	□ Yes	□ No	_____
Cancer type:_____	□ Yes	□ No	_____
Deep Vein Thrombosis	□ Yes	□ No	_____
Depression	□ Yes	□ No	_____
Diabetes	□ Yes	□ No	_____
Heart problems	□ Yes	□ No	_____
Hemophilia	□ Yes	□ No	_____
Hepatitis type: _____	□ Yes	□ No	_____
Hypertension	□ Yes	□ No	_____
Kidney disease	□ Yes	□ No	_____
Leukemia	□ Yes	□ No	_____
Liver problems	□ Yes	□ No	_____
Lung problems	□ Yes	□ No	_____
Neurological disease	□ Yes	□ No	_____
Osteoporosis	□ Yes	□ No	_____
Psychiatric Illness	□ Yes	□ No	_____
Rheumatoid arthritis	□ Yes	□ No	_____
Scoliosis	□ Yes	□ No	_____
Seizures	□ Yes	□ No	_____
Sickle cell disease	□ Yes	□ No	_____
Stomach problems	□ Yes	□ No	_____
Stroke	□ Yes	□ No	_____
Thyroid Disease	□ Yes	□ No	_____
Tuberculosis	□ Yes	□ No	_____

Previous Surgeries: □ Yes □ No

Date Type of Surgery

_____

_____

_____

Patient Name _____

Current Medications: □ Yes □ No Pharmacy Choice_____

Medication/Dose Prescribing Doctor

_____

_____

_____

_____

_____

_____

Past Medical History: (circle all that apply to you)

Cardiovascular:	Aortic Aneurysm Cardiac catherization Cardiac disease Chronic heart disease Congestive heart failure Deep Vein Thrombosis (DVT) Edema Heart valve conditions
Childhood Illnesses:	Chickenpox Polio Asthma
Dermatologic:	Lupus Melanoma Skin cancer
Genetic Background:	Charcot-Marie-Tooth disease Congenital heart defect Hemophilia Sickle cell
Gastrointestinal:	Stomach or bowel problems Crohn's disease gastritis GI bleed Ulcer Irritable bowel syndrome incontinence
Female Reproductive:	Cancer Tumors
Male Reproductive:	BPH prostate conditions
Renal/Urinary:	Blood in urine Kidney problems Incontinence
Head and Neck:	Dentures Migraines Glaucoma
Hemotologic/ Lymphatic:	Anemia Blood clotting abnormalities Hepatitis Sickle cell
Immunologic:	HIV AIDS
Musculoskeletal:	Arthritis Carpal tunnel syndrome Fibromyalgia Osteoarthritis Polio
Neurological:	Epilepsy Seizure disorders Stroke
Psychiatric:	Alcoholism Anxiety disorder Depression
Respiratory:	Asthma Bronchitis Emphysema Pulmonary embolism Shortness of breath Tuberculosis

Patient Name _____

Social History:

Smoke □ Never □ Some days □ Everyday

□ Yes ____ packs per day for ___ years □ Quit _____ ago

Second Hand Smoker □ Yes, exposed to regularly □ No, not exposed to regularly

Alcohol Consumption □ Never □ Social □ Mild □ Moderate □ Heavy

History of substance abuse or IV drug use □ No □ Yes What? _____

Review of Systems: (circle all that you *currently* apply to you)

Allergy:	Seasonal allergies
Cardiovascular:	Chest pressure cardiovascular problems or chest symptoms Chest pain Elevated blood pressure Edema Foot swelling Heart attack Heart palpations Pacemaker Irregular heartbeat
Constitutional Symptoms:	Headache Nausea Night sweats Sleep problems Chills Fever Weight gain Weight loss, intentional Weight loss, unintentional Dizziness
Ears, Nose, Throat:	Loss of hearing Cough Difficulty with swallowing Hoarseness Ear infection Gum problems Nose bleeds Sinus problems
Endocrine:	Change in thirst or appetite Dry hair Dry skin Fatigue Weight change Thyroid disease High/Low blood sugar Diabetes
Eyes:	Loss of vision Eye or vision problems Contact lenses Glasses Recent change in vision
Gastrointestinal:	Blood in stool Constipation Diarrhea Hemorrhoids Nausea Stomach problems Vomiting Ulcers Heartburn
Genitourinary:	Blood in urine Difficulty or inability to empty bladder painful urination Urinating frequently at night Incontinence Stress incontinence Difficulty in starting
Hematologic/Lymphatic:	Anemia Ankle edema Bleeding problems Bruise easily
Integumentary:	Dry, scaly skin Itchiness Non healing wound rash
Musculosketal:	Back pain Decreased ROM Difficulty/Limited exercise Joint pain Leg cramps Weakness Metal in body
Neurological:	Black outs Balance problems Difficulty walking Dizziness Headaches Migraines Paralysis Seizures Numbness Muscle weakness Stroke
Psychiatric:	Anxious feeling Binging and purging Claustrophobia Depression Paranoia Psychiatric care Nervous OCD
Respiratory:	Asthma Sleep Apnea Coughing up sputum Shortness of breath Chest pain with breathe Breathing difficulties