

MEDICAL HISTORY (check answer(s) that apply)

- 1. Constitutional Symptoms** No Problems
 - weight loss _____ lbs., period of time _____
 - weight gain _____ lbs., period of time _____
 - recurrent fever
 - general weakness
 - fatigue – persistent
- 2. Skin** No Problems
 - dry skin
 - recurrent rashes
 - eczema
 - itching
 - changes in skin color
 - changes in hair or nails
- 3. HEMATOLOGIC / LYMPATHIC** No Problems
 - swollen glands
 - low blood count (anemia)
 - easy bruising
 - easy bleeding
 - slow to heal after cuts
 - history of blood transfusion(s)
 - enlarged glands
 - phlebitis
 - HIV positive
 - on blood thinners
- 4. Head / Face** No Problems
 - headaches / migraines
 - history head injury no residual problems
 - history head injury with residual problems of _____
 - facial pain
 - TMJ R L
 - Tic douloureux R L _____
- 5. Eyes** No Problems
 - nearsighted
 - farsighted
 - wear glasses
 - wear contact lenses
 - cataracts at present time R L
 - conjunctivitis R L
 - glaucoma R L
 - double vision
 - blurred vision
- 6. Ear / Nose / Mouth**
 - Ears No problems
 - hard of hearing R L
 - hearing aids R L
 - frequent earaches R L
 - chronic ear discharge R L
 - vertigo
 - ringing in ears R L
 - Nose / Sinuses No Problems
 - sinus discharge
 - nasal discharge
 - repeated nosebleeds

PATIENT NAME: _____

- deviated nasal septum
 - chronic sinus problems
 - chronic stuffy nose
 - hay fever
 - nasal polyps
- Mouth / Throat No Problems
- teeth ___loose ___none
 - dentures ___full ___partial
 - bleeding gums
 - dry mouth
 - sore throat
 - hoarseness
 - vocal cords polyps
 - trouble swallowing
- 7. Chest / Breasts** No Problems
 - breast masses
 - breast surgery
 - chest surgery
 - other explain _____
- 8. Respiratory** No Problems
 - smoker _____ pack(s) per day since _____
 - recurrent cough
 - chronic bronchitis
 - sarcoidosis
 - emphysema
 - chronic obstructive pulmonary disease
 - bronchial asthma
 - tuberculosis
 - wheezing
- 9. Cardiac / Peripheral –Vascular**
 - Cardiac No Problems
 - heart trouble
 - swelling of feet
 - high blood pressure
 - chest pain
 - heart attack
 - bypass surgery
 - angioplasty
 - mitral valve prolapse
 - heart murmur
 - valvular surgery
 - heart failure
 - shortness of breath with walking
 - Peripheral –Vascular No Problems
 - poor circulation in arm R L
 - blood clots in arm R L
 - varicose veins R L
 - poor circulations in legs R L
 - blood clots in leg R L
 - vascular surgery _____
- 10. Hepatic-Biliary/Gastrointestinal/Abdominal**
 - any liver disease
 - history hepatitis Active _____ Inactive _____

MEDICAL HISTORY (check answer(s) that apply)

- history jaundice due to gallbladder disease
- gallbladder problems
- Gastrointestinal No Problems
- loss of appetite
- abdominal pain
- problems with gas
- heartburn
- recurrent nausea
- recurrent diarrhea
- recurrent constipation
- ulcer
- hiatal hernia
- regurgitation
- reflux
- indigestion
- history of vomiting blood
- blood in stools
- loss of control of bowels
- bleeding ulcers
- diverticular disease
- Crohn's disease

11. Urinary No Problems

- frequent urination
- difficulty with urination
- burning on urination
- inability to control urination
- loss of control
- blood in urine
- kidney stones

12. Genital / Reproductive

Male No Problems

- discharge
- painful testicles
- lumps in testicles
- hydrocele
- sexually transmitted disease(s)
- sexual dysfunction

Female No Problems

- menstruation Regular_____ Irregular_____
- first day last menstrual period:_____/_____/_____
- premenstrual syndrome, since_____
- recurrent vaginal discharge
- number pregnancies_____ miscarriages_____
- abortions_____
- Cesarean sections(s), number_____
- on hormones
- history cancer of uterus – ovaries
- sexual dysfunction
- sexually transmitted disease(s)

13. Endocrine No Problems

- Excessive thirst or urination
- heat intolerance
- cold intolerance
- change in hat or glove size
- thyroid trouble Underactive_____ Overactive_____
- sugar diabetes-since_____
- insulin dependent yes / no
- disease of pituitary gland
- disease of adrenal gland
- Cushing's disease

PATIENT NAME: _____

14. Musculoskeletal No problems

- muscle cramps
- stiff joints
- swelling of joints
- generalized arthritis
- rheumatoid arthritis
- fibromyalgia syndrome
- osteoporosis
- neck pain
- upper back pain
- low back pain
- heel spurs
- gout
- difficulty with walking
- cold upper extremities R L
- cold lower extremities R L
- pain in feet

15. Neurological / Psychiatric

Neurological No Problems

- frequent or recurrent headaches
- fainting
- migraines
- blackouts
- stroke
- dizzy spells
- gait difficulties
- seizures
- epilepsy
- tremors
- neuropathy
- weakness
- paralysis

Psychiatric

- problems with concentration
- confusion
- problems with thinking or thought process
- problems with memory
- depressed
- anxious
- shaky
- agitated

16. Allergies / Immunologic

Allergies No Problems

- drug allergies_____
- food allergies_____
- environmental allergies_____

Immunologic No Problems

- immunologic disorders_____
- AIDS
- lupus