PAST MEDICAL HISTORY

☐ No Significant Medical History

SKIN DISORDERS	HEART DISORDERS	KIDNEY/BLADDER DISORDERS	BLOOD DISORDERS	PSYCHIATRY DISORDERS
☐ Psoriasis	☐ Murmur	☐ Kidney Stones	☐ Anemia	☐ ADD/ADHD
☐ Eczema	☐ High Blood Pressure	☐ Kidney Disease	☐ Bleeding Disorder	☐ Depression
☐ Rash	☐ Heart Failure	☐ UTIs	☐ Clots	☐ Anxiety
	☐ High Cholesterol		☐ Cancer	☐ Addiction
	☐ Heart Rhythm Disorder		☐ Immune Disorders	
	☐ Heart Disease/Heart Attack			
	☐ Peripheral Vascular Disease			

ENT DISORDERS	RESPIRATORY DISORDERS	GI DISORDERS	ENDOCRINE	BONE/MUSCLE
☐ Ear Infections	☐ Asthma	☐ Acid Reflux	☐ Diabetes Type I	☐ Rheumatoid
☐ Sinus Infections	☐ Cystic Fibrosis	☐ Constipation	☐ Diabetes Type II	☐ Lupus
☐ Hearing Loss	☐ COPD	☐ Irritable Bowel	☐ Thyroid Disorder	☐ Osteoarthritis
☐ Vision Loss	☐ Tuberculosis	☐ Ulcerative Colitis		☐ Bone Infection
☐ Seasonal Allergies	☐ Blood Clot in Lungs	☐ Crohn's Disease		☐ Fracture
		☐ Hepatitis		☐ Bone Cancer
		☐ Diverticulosis		
		☐ Gallbladder Disease		

ALLERGIES

☐ Medications
☐ Foods
☐ Other

FAMILY HISTORY

☐ No Significant Family History

GLAUCOMA ☐ Mother ☐ Father ☐ Brother ☐ Sister	SEIZURE DISORDER ☐ Mother ☐ Father ☐ Brother ☐ Sister
ASTHMA ☐ Mother ☐ Father ☐ Brother ☐ Sister	ALZHEIMER'S ☐ Mother ☐ Father ☐ Brother ☐ Sister
HEART DISEASE ☐ Mother ☐ Father ☐ Brother ☐ Sister	STROKE ☐ Mother ☐ Father ☐ Brother ☐ Sister
HEART ATTACK (AGE) ☐ Mother ☐ Father ☐ Brother ☐ Sister	NEUROLOGIC DISORDER ☐ Mother ☐ Father ☐ Brother ☐ Sister
HIGH BLOOD PRESSURE ☐ Mother ☐ Father ☐ Brother ☐ Sister	DEPRESSION ☐ Mother ☐ Father ☐ Brother ☐ Sister
HIGH CHOLESTEROL ☐ Mother ☐ Father ☐ Brother ☐ Sister	ANXIETY DISORDER ☐ Mother ☐ Father ☐ Brother ☐ Sister
LIVER PROBLEMS ☐ Mother ☐ Father ☐ Brother ☐ Sister	ALCOHOLISM ☐ Mother ☐ Father ☐ Brother ☐ Sister
ULCERATIVE COLITIS ☐ Mother ☐ Father ☐ Brother ☐ Sister	CROHN'S ☐ Mother ☐ Father ☐ Brother ☐ Sister
KIDNEY DISEASE ☐ Mother ☐ Father ☐ Brother ☐ Sister	DIABETES ☐ Mother ☐ Father ☐ Brother ☐ Sister
THYROID DISEASE ☐ Mother ☐ Father ☐ Brother ☐ Sister	ARTHRITIS ☐ Mother ☐ Father ☐ Brother ☐ Sister
BLEEDING PROBLEMS ☐ Mother ☐ Father ☐ Brother ☐ Sister	SICKLE CELL ANEMIA ☐ Mother ☐ Father ☐ Brother ☐ Sister
CANCER (SPECIFY) ☐ Mother ☐ Father ☐ Brother ☐ Sister	IMMUNE DISORDER ☐ Mother ☐ Father ☐ Brother ☐ Sister
MIGRAINE HEADACHE ☐ Mother ☐ Father ☐ Brother ☐ Sister	FIBROMYALGIA ☐ Mother ☐ Father ☐ Brother ☐ Sister

SOCIAL HISTORY

☐ Never Smoked	☐ Caffeine Cups/Day:
☐ Previous Smoker Packs/Day: years:	☐ Exercise Type: Hours/Week:
☐ Current Smoker Packs/Day: years:	☐ Alcohol Drinks/Week:
☐ Illicit Drug Use If yes, what:	Living Arrangement (alone, assisted, etc.):

Current Occupation (previous, if retired):

SURGICAL HISTORY

PROCEDURE	YEAR	FACILITY/DOCTOR

MEDICATIONS (List all medications you are currently taking, including over-the-counter, herbals, and vitamins):

REVIEW OF SYSTEMS (Check all that you are currently experiencing)

☐ Weight Change (unintended)	☐ Sensitivity to Light	☐ Ear Ache
☐ Chills	☐ Eye Pain	☐ Hearing Loss
☐ Fever	☐ Ringing in Ears	☐ Headache
☐ Night Sweats	☐ Neck Pain	☐ Neck Stiffness
☐ Sinus Pain	☐ Chest Pain/Discomfort	☐ Fast Heart Rate
☐ Weakness	☐ Painful Urination	☐ Painful Defecation
☐ Numbness	☐ Shortness of Breath	☐ Blood in Urine
☐ Excessive Sweating	☐ Cough	☐ Wheezing
☐ Itching	☐ Sleep Disturbances	☐ Spinning Dizziness
☐ Depression	☐ Nausea	☐ Rash
☐ Anxiety	☐ Vomiting	☐ Diarrhea
☐ Abdominal Pain	☐ Joint Pain	☐ Balance Issues
☐ Muscle Aches	☐ Stiffness	☐ Black/Tarry Stools
☐ Appetite Changes	☐ Fainting	☐ Swallowing Difficulty

IS THERE ANYTHING ELSE YOU WOULD LIKE YOUR DOCTOR TO BE AWARE OF REGARDING YOUR MEDICAL HISTORY?