

PLEASE COMPLETE:

Name _____ Today's Date ____/____/____
Date of Birth ____/____/____ Age ____ Referred by: _____

Occupation _____ SS # _____ Marital Status (circle one) S M Sep D W

Yes No
 Do you have any allergies?
If yes-to what?

Yes No
 Are you on any medications?
List Names and dosages

Updated Medical/Family History

List any personal past illnesses and/or surgeries and when they occurred.

Yes No
 Do you drink alcohol? If yes
What _____
How much? _____

How often? _____

Yes No
 Have you ever smoked?
 Do you smoke presently?

If yes _____cigs/day
of years smoking _____ yrs

List all serious illnesses in your family (ie. diabetes, high blood pressure, cancer, heart disease)

Review of Systems

Are you experiencing any of the following? Check the box marked Y(yes) or N(no).

Symptoms
Y N
 Fever
 Chills
 Headaches
 Weight loss/gain
 Loss of height

Eyes
Y N
 Blurred Vision
 Double Vision
 Eye Pain
 Glasses/Contacts
 Other _____

Neurological
Y N
 Tremors
 Dizzy Spells
 Numbness
 Fainting

Endocrine
Y N
 Excessive thirst
 Too hot / cold
 Tired / sluggish
 Hair loss

Gastrointestinal
Y N
 Abdominal Pain
 Nausea/Vomiting
 Indigest/Heartburn
 Bloody Stool
 Change in Bowels

Cardiovascular
Y N
 Chest Pain
 Varicose Veins
 High BP
 Fast/irreg heartbeat
 Palpitations

Skin/Lymphic
Y N
 Rash
 Boils
 Persistent itch
 Swollen glands

Musculoskeletal
Y N
 Joint Pain
 Neck Pain
 Back Pain

Ear/Nose/Mouth
Y N
 Ear Infections
 Sore throat
 Sinus problems
 Mouth sores

Urinary System
Y N
 Incomplete empty
 Painful urination
 Freq urination
 Incontinence
 Blood in the urine

Respiratory
Y N
 Wheezing
 Frequent cough
 Shortness of
Breath

Psychological
Y N
 Are you sad?
 Do you feel depressed?
 Have you considered
suicide?

Breast/Genital System
Y N Y N Y N
 Breast pain Breast lumps Nipple discharge
 Heavy periods Discharge Decreased Sexual Desire
 Missed periods Hot flashes Painful Intercourse
 Irregular bleeding Vaginal dryness Vaginal Sores/Lesions
 Painful Periods Vaginal Itching Other _____
 Pelvic Pain Vaginal Pain

Other

