

Patient Name: _____ Date of Visit: _____

Reason for seeing doctor: _____

Referred by: _____

Medical History: Have you ever had any of the following medical conditions?

(Circle all that apply)

Bleeding Problems

- none
- bleeding disorder
- deep vein thrombosis/blood clots
- other _____

Cancer:

- none
- oral cavity
- breast
- prostate
- colon
- renal/kidney
- leukemia
- skin
- lung
- throat
- lymphoma
- thyroid
- metastatic
- nasal cavity
- other: _____

Endocrine/Metabolism:

- none
- high cholesterol
- diabetes
- thyroid disease

Digestive:

- none
- colitis
- gallstone
- gastric reflux
- hepatitis
- peptic ulcer
- other: _____

Skin:

- none
- eczema
- psoriasis
- cancer
- other: _____

Neurologic Problems:

- none
- alzheimer's
- anxiety
- depression
- drug/alcohol dependency
- seizure
- sleep disorder
- stroke
- other _____

Allergies/Rheumatology

- arthritis
- autoimmune
- connective tissue disease
- fibromyalgia
- Sjogren's syndrome
- other: _____

Lung

- asthma
- cystic fibrosis
- emphysema
- sarcoidosis
- other: _____

Constitutional:

- none
- fever
- weakness
- weight loss
- weight gain
- other _____

Eyes:

- none
- itching
- excessive tearing
- change in vision
- double vision
- other: _____

Nose:

- none
- stiffness
- lump/swelling
- pain
- other

Neck

- stiffness -pain
- lump/swelling
- other: _____

Musculoskeletal

- none -leg swelling
- joint pain -muscle weakness
- back pain -muscle cramps
- other: _____

Mouth/Throat

- none -sore/ulcers
- throat pain -difficulty swallowing
- voice changes
- other: _____

Neurologic

- none
- headache
- numbness/tingling
- tremor
- other: _____

Digestive/Urinary

- none -heartburn/indigestion
- nausea/vomiting -burning w/urination
- constipation -bleeding urine
- diarrhea -bloody stool
- urinary incontinence
- urinary retention
- other: _____

Ears

- none -pain -swelling
- discharge -loss of hearing
- ringing/buzzing -dizziness/imbalance
- other: _____

Heart/Lung

- none -chest pain
- palpitation -shortness of breath
- cough
- other: _____

Psychiatric

- none
- anxiety
- depression
- other
- under the care of _____