

Name _____ DOB _____ Date _____

Past Medical Illnesses, circle and explain

Allergies	Joint /Back/ Musculoskeletal Disorder
Skin Disorder	Kidney/ Bladder Disorder
Bleeding Tendency	Hair/ Nail Disorder
Auto-immune Disorder	Thyroid Disorder
Lymphatic Disorder	Heart Disease/ High Blood Pressure
Respiratory/ Lung Disorder	Diabetes
Digestive Tract Disorder	Stroke
Hearing Disorder	Neurologic Disorder/ Seizure
Eye Disorder	Psychiatric Disorder

Explain: _____

Review of Systems, circle and explain. Anything not circled to be assumed “normal.”

Seasonal allergies	Rashes	Joint pain/ arthritis
Unexplained fever	Mouth/ gum ulcers	Arm/ Leg weakness
Unexplained fatigue	Changes in skin moles	Numbness
Nosebleeds	Diarrhea	Pneumonia
Cough	Hemorrhoids	Glaucoma
Easy bruising	Constipation	Cataract
Swollen ankles	Blood/ mucus in stool	Diplopia
Irregular heart beat	Heartburn	Burning/ Dry eye
Wheezing	Reflux	Macular degeneration
Chest Pain/ Pressure	Abdominal pain	Red eye
Difficulty hearing	Difficulty swallowing	Floaters/ flashes
Urinary /Kidney Infection	Dizziness	Head injury
Bladder spasms	Light-headedness	Frequent urination
Urinary/ stool incontinence	Fainting	Pain in feet
Headaches	Anxiety	Epilepsy
Migraines	Depression	Gout
Breast Disease	Cancer	Prostate Disease
Female Organ Disease	Leg Pain/ Arm pain	Other

Explanation: _____

Family History, circle and write relation to yourself.

Diabetes _____
Hypertension _____
Macular Degeneration _____
Glaucoma _____
Rheumatoid Arthritis _____
Thyroid Disease _____
Heart Disease/ Stroke _____
Cancer _____
Other _____

Social History, circle and tell how much.

Cigarette/ Tobacco use _____
Alcohol use _____
Married/ Single _____
History of addiction _____
Occupation _____

Drug Allergies and Reactions:

Sulfa _____
Penicillin _____
Erythromycin _____
Other _____

Surgical History, give name of surgery and year that it was performed:

Vaccinations:

When was your last tetanus shot? _____
When was your last flu shot? _____
When was your last pneumovax? _____
Are you up to date on your vaccinations? _____

