

## PATIENT MEDICAL HISTORY

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Today: \_\_\_\_\_

### Has the patient ever had any of these?

	Yes	No	Explanation		Yes	No	Explanation
Abnormal Cold Sensitivity				Joint Pain/Arthritis			
Abnormal Sun Sensitivity				Keloid/Abnormal Scarring			
Abnormal/Dysplastic Moles				Kidney/Bladder Problems			
AIDS				Macular Degeneration			
Anxiety				Melanoma			
Artificial Joint or Heart Valve				Migraines/Severe Headaches			
Asthma				Mouth/Gum Ulcers			
Auto-Immune Disorder				Muscular Disorder			
Back Pain				Neurologic Disorder			
Basal Cell Skin Cancer				Numbness			
Bleeding Tendency/Easy Bruising				Pacemaker			
Bowel Disease/Colitis/Crohn's				Pancreatitis			
Brain Tumor				Past Head Injury			
Burning/Dry Eye				Past Surgery			
Cancer				Poor Wound Healing			
Cataract				Precancerous Skin Spots/A.K.			
Cold Sores/Herpes Infection				Prostate Problems			
Cough				Psoriasis			
Depression				Psychiatric Disorder			
Diabetes/High Blood Sugar				Radiation Therapy			
Difficulty Hearing				Rashes			
Double Vision				Recurrent Yeast Infection			
Eczema				Red Eyes			
Fainting				Reflux/Peptic Ulcer			
Flashes/Floaters				Gallbladder Disease			
Glaucoma				Respiratory/Lung Disorder			
Gout				Seizures			
Hay Fever/Seasonal Allergies				Shingles			
Heart Attack/Angina				Skin Pigmentation Problems			
Heart Murmur				Squamous Cell Skin Cancer			
Hepatitis/Liver Disease				Stroke or Mini-Stroke			
High Blood Pressure				Thyroid Disease			
Irregular Heart Beat/Palpitations				Tinnitus			
OTHER				Tuberculosis			

If YES to any, please explain: \_\_\_\_\_

Any Family members with...?	Yes	No	Relation	Vaccination History	Yes	No
Thyroid Disease				Flu Vaccine?		
Cornea Disease				Pneumonia Vaccine?		
Glaucoma				Herpes/Shingles Vaccine?		
Macular Degeneration				Up to Date on Tetanus?		
Skin Cancer						
Rheumatoid Arthritis				<b>To Women:</b>		
Diabetes				Excess Body/Facial Hair?		
Heart Disease/Hypertension/Stroke				Pregnant or Lactating?		
Asthma/Allergies						
Other				<b>Any falls since last here??</b>		
Other				<b>NEXT PAGE TO FINISH, PLEASE</b>		

