



Date: _____

Name: _____

Birthdate: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

HEALTH HISTORY OF PATIENT

- Asthma
- Stroke
- Heart Trouble
- High Blood Pressure
- Diabetes
- Arthritis
- Gout
- Seizures
- Mental Illness
- Kidney Trouble/Stones
- Cancer
- Bleeding Disorders
- Alcoholism
- Serious Injuries
- Lung Disease
- Tuberculosis
- Phlebitis
- Anemia
- Stomach Ulcers
- Liver Trouble
- Thyroid Trouble
- Other Illnesses

Explain all yes answers:

Surgical Procedures (include dates):

Current Medications/Dosages:

Allergies to Medications None

FAMILY HISTORY

- Stroke
- Heart Trouble
- High Blood Pressure
- Diabetes
- Arthritis
- Gout
- Seizures
- Mental Illness
- Kidney Trouble/Stones
- Cancer
- Bleeding Disorders
- Alcoholism
- Other

Explain all yes answers:

Cause of death of parents, brothers and sisters:

SOCIAL HISTORY

Married Single
Widowed Divorced
Occupation: _____
Work Status: FT PT Disabled
Restrictions: _____

Are you currently involved in a:
 Disability Claim
 Work Compensation
 Lawsuit

Number of Pregnancies: _____
Number of Living Children: _____

Presently living alone?
Yes No

Smoke _____ packs per day

Alcohol: Never
Occasional
Moderate to Heavy

Drug Overuse: None
Presently
Past Problem

REVIEW OF SYSTEMS

Have you recently had or do you now have:

- Change of Vision
- Loss of Hearing
- Ear Pain
- Hoarseness
- Nose Bleeds
- Difficulty Swallowing
- Morning Cough
- Shortness of Breath
- Chills or Fever
- Heart or Chest Pain
- Frequent Headaches
- Abnormal Heartbeat
- Badly Swollen Ankles
- Calf Cramps w/Walking
- Poor Appetite
- Toothache
- Gum Trouble
- Nausea or Vomiting
- Stomach Pain
- Ulcers
- Stool Incontinence
- Frequent Loose Bowels
- Blood in Bowels
- Frequent Constipation
- Hemorrhoids
- Frequent Urination
- Burning w/Urination
- Urinary Incontinence
- Difficulty to Start Urination
- Difficulty to Stop Urination
- Get Up at Night to Urinate
- Frequent Rash
- Hot or Cold Spells
- Recent Weight Change
- Nervous Exhaustion
- Insomnia
- Poor Sleep Due to Pain
- Poor Sleep Unrelated to Pain
- Depression
- Nervous Tension

Women Only

- Irregular Periods
- Vaginal Discharge
- Frequent Spotting