

MEDICAL HISTORY — REVIEW OF SYMPTOMS
CHECK/CIRCLE SYMPTOMS/CONDITIONS YOU CURRENTLY HAVE, OR HAVE HAD IN THE PAST

CONSTITUTIONAL

LOSS OF APETITE	FEVER	FATIGUE
WEIGHT CHANGES	NIGHT SWEATS	
NAUSEA	VOMITING	CHILLS

CARDIOVASCULAR

HYPERTENSION	HEART ATTACK
HIGH CHOLESTEROL	POOR CIRCULATION
RAPID HEART BEAT	CHEST PAIN
MURMUR	ANKLE SWELLING

RESPIRATORY

ASTHMA	PLEURISY	SLEEP APNEA
COUGH	SHORTNESS OF BREATH	
WHEEZING	COPD	TB
DIFFICULTY BREATHING	EMPHYSEMA	

GENITOURINARY

KIDNEY STONES	BLADDER INFECTION	UTI
PAIN FUL URINATION	LOSS OF BLADDER CONTROL	
FREQUENT URINATION	KIDNEY DISORDERS	

SKIN

RASH	ECZEMA	ACNE	PSORIASIS
HIVES	BREAST PAIN	BRUISE EASILY	
DRYNESS SENSATIVE			

PSYCHIATRIC

ANXIETY	ATTENTION DEFICIT (ADD)	
DEPRESSION	PANIC ATTACK	ADDICTION

ALLERGIC/IMMUNOLOGIC

ALLERGIES	ITCHY EYES	SNEEZING	RUNNY NOSE
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EYES

VISUAL DISTURBANCES	CONTACTS	GLASSES
BLURRED VISION	CATARACTS	GLAUCOMA

EARS/NOSE/THROAT

TINNITUS	EAR INFECTIONS	JAW PAIN
SINUSITIS	LOSS OF HEARING	SEPTAL DEFECT

GASTROINTESTINAL

ULCER	HEARTBURN	CONSTIPATION	DIARRHEA
LIVER PROBLEMS	HIATAL HERNIA	APPENDICITIS	
GALL BLADDER PROBLEMS	ACID REFLUX		

MUSCULOSKELETAL

ARTHRITIS	JOINT PAIN	STIFFNESS
BUSITIS	TENDONITS	CARPAL TUNNEL
FIBROMYALGIA	POLIO	RHEMATOID ARTHRITIS
LUPUS	GOUT	EXTREMITY PAIN
MUSCLE CRAMPS		MUSCLE WEAKNESS
NECK PAIN	BACK PAIN	HIP PAIN
KNEE PAIN	SHOULDER PAIN	FOOT PAIN
WRIST PAIN	HAND PAIN	

NEUROLOGICAL

HEADACHE	DIZZINESS	TREMOR	SEIZURES
SLURRED SPEECH	NUMBNESS	SYNCOPE	
LOSS OF BALANCE	EPILEPSY	VERTIGO	

ENDOCRINE

EXCESSIVE THIRST	FREQUENT URINATION
WEIGHT GAIN	WEIGHT LOSS
THYROID PROBLEMS	DIABETES

HEMATOLOGIC/LYMPHATIC

BLOOD DISORDER	CANCER	HIV/AIDS/TUMOR
ANEMIA	MUMPS	MEASELES
VENEREAL INFECTION	MONO	STREP

FEMALE ONLY

HORMONE REPLACEMENT	ENDOMETRIOSIS
PMS	ABNORMAL MENSTRUAL FLOW
INFERTILITY	TUBAL LIGATION
MISCARRIAGE	MENOPAUSE
BIRTH CONTROL PILL (BCP)	
CURRENTLY PREGNANT (DUE DATE)	

MALE ONLY

ERECTILE DYSFUNCTION	PROSTATE PROBLEMS
INFERTILITY	VASECTOMY

PRIMARY CARE PHYSICIAN NAME: _____

LAST SEEN DATE _____

MEDICATIONS

OTC PAIN (ADVIL/TYLENOL)	NONE	ANXIETY/DEPRESSION
THYROID		OSTEOPOROSIS
CHOLESTEROL		HIGH BLOOD PRESSURE
HEART		BLOOD THINNER
BIRTH CONTROL		PROSTATE
ANTI-INFLAMMATORY		MUSCLE RELAXER
PAIN MEDICATION		PREDNISONE
OTHER		

ALLERGIES

MEDICATION: SULFA	ANTIBIOTICS	PENICILLIN	
ASPIRIN	NSAID	INSULIN	ANTISEIZURE
SEASONAL: MOLD	DUST	POLLEN	
FOOD: WHEAT PEANUTS SOY EGGS MILK SHELLFISH			
ANIMALS: BEE DOGS CATS LATEX			

SURGERIES

TONSILS/ADENOIDS	HEART	APPENDIX
GALL BLADDER	HERNIA	SINUS
PACEMAKER	THYROID	STOMACH
KNEE	HIP	SHOULDER
NECK	LOW BACK	HYSTERECTOMY
BREAST	D&C	C-SECTION
WISDOM TEETH	COLON	GASTRIC BYPASS
OTHER		

IMPLANTS:	BREAST	DENTAL	OTHER
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INJURIES

	TYPE	DATE
HOSPITALIZATIONS		
FRACTURES		
AUTO ACCIDENT		
SPORTS INJURIES		
JOB INJURIES		

FAMILY HISTORY

	NONE	UNKNOWN	ADOPTED
ARTHRITIS	MOTHER	FATHER	SISTER BROTHER
BACK PROBLEMS	MOTHER	FATHER	SISTER BROTHER
CANCER	MOTHER	FATHER	SISTER BROTHER
DIABETES	MOTHER	FATHER	SISTER BROTHER
HEADACHES	MOTHER	FATHER	SISTER BROTHER
HEART PROBLEM	MOTHER	FATHER	SISTER BROTHER
HYPERTENSION	MOTHER	FATHER	SISTER BROTHER
LUNG PROBLEM	MOTHER	FATHER	SISTER BROTHER
OBESITY	MOTHER	FATHER	SISTER BROTHER
STROKE	MOTHER	FATHER	SISTER BROTHER

SOCIAL HISTORY

SINGLE	MARRIED	DIVORCED	WIDOWED								
SMOKE (PACKS/DAY)	0	1	2	3	>4						
ALCOHOL (DRINKS/WEEK)	0	1-3	4-6	>6							
CAFFEINE (CUPS/DAY)	0	1-3	4-6	>6							
COFFEE	0	1-3	4-6	>6							
# OF CHILDREN	0	1	2	3	4	5	6	7	8	9	10
ILLICIT DRUGS		ADMITS	DENIES								
DRUG DEPENDENCE		ADMITS	DENIES								
ALCOHOLISM		ADMITS	DENIES								
EXERCISE (TIMES/WEEK)	0	1-2	3-4	>4							
EXERCISE (>150 MINUTES/WEEK)	ADMITS	DENIES									
PHYSICAL HEALTH GRADE:	GOOD	AVERAGE	POOR								

EDUCATION (HIGHEST LEVEL COMPLETED)

ELEMENTARY	JUNIOR HIGH	HIGH SCHOOL	COLLEGE
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OCCUPATION HISTORY

	YEAR STARTED		
EMPLOYED AT:			
FULL TIME	PART TIME	UNEMPLOYED	RETIRED

VITAMINS/SUPPLEMENTS/HERBS

MULTI-VITAMIN	VIT A, D, E, K	CALCIUM	
IMMUNE IRON JOINT	CIRCULATION	HEART	B12
CHOLESTEROL	FOLIC ACID	BRAIN	SLEEP