

MEDICAL HISTORY/REVIEW OF SYSTEMS

NAME _____ DATE _____

HEIGHT _____ WEIGHT _____ DOB _____

TOBACCO USE? _____ HOW MUCH? _____ HOW LONG? _____

ALCOHOL USE? _____ HOW MUCH? _____ HOW LONG? _____

LIST PAST SURGERIES (last 5 years)

HOSPITALIZATIONS IN PAST YEAR (WHY?)

PLEASE CIRCLE IF YOU HAVE:

- | | | | |
|---------------------|---------------------|----------------------|--------------|
| WEIGHT LOSS | CHEST PAIN | BLOOD IN URINE/FECES | PALPITATIONS |
| FATIGUE | URINARY ISSUES | TINGLING/NUMBNESS | PSORIASIS |
| FEVER | FAINING | ANXIETY | ECZEMA |
| GLASSES/CONTACTS | SHORTNESS OF BREATH | DEPRESSION | CANCER |
| CATARACTS | SWOLLEN ANKLES | BIPOLAR | |
| BLINDNESS | BLOOD CLOTS | ALCOHOLISM | |
| DIFFICULTY HEARING | POOR CIRCULATION | EASY BRUISING | |
| HEADACHES/MIGRAINES | PERSISTANT COUGH | SWOLLEN GLANDS | |
| COUGHING BLOOD | JOINT PAIN/SWELLING | PREGNANCY/NURSING | |
| DIZZINESS | WHEEZING | MUSCLE PAIN | |
| SINUS PROBLEMS | HEARTBURN/GERD | BACK PAIN | |
| ALLERGIES | NAUSEA/VOMITING | MOLE CHANGES | |
| SORE THROAT | CONSTIPATION | RASH | |
| HEART MURMUR | DIARRHEA | ITCHING | |

PLEASE CIRCLE PAST ILLNESSES/ISSUES:

- ALCOHOLISM EPILEPSY/SEIZURES HEPATITIS B OR C VARICOSE VEINS HIGH CHOLESTEROL
- ANEMIA GLAUCOMA LUNG DISEASE RHEUMATOID ARTHRITIS HIV/AIDS
- ASTHMA HEART ATTACK BIPOLAR SKIN ISSUES LUPUS
- CANCER HIGH BLOOD PRESSURE SCHIZOPHRENIA STROKE OTHER IMMUNE
- DIABETES HEART DISEASE OTHER MENTAL ISSUE THYROID DISEASE AMPUTATIONS
- DRUG USE KIDNEY DISEASE OSTEOARTHRITIS TUBERCULOSIS OTHER
- DEPRESSION/ANXIETY LIVER DISEASE OSTEOPOROSIS STOMACH ULCERS

PLEASE EXPLAIN ANY ABOVE CONDITIONS: _____

CURRENT MEDICATIONS/DOSAGE

DRUG ALLERGIES/REACTION
