Name _____ Date of Birth _____

Reason For Visit _____ Sex: M F

Allergies	Reaction
1)	
2)	
3)	
4)	
5)	

Medications taken presently	Dose	Times/day
1)		
2)		
3)		
4)		
5)		

Past Medical History

- ☐ Diabetes
- ☐ Cancer _____
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Heart attack
- ☐ Other heart trouble
- ☐ Asthma
- ☐ Pneumonia
- ☐ Stroke
- ☐ Epilepsy
- ☐ Anemia
- ☐ Thyroid problems
- ☐ Chicken pox
- ☐ Valley fever
- ☐ Tuberculosis / (+) skin test
- ☐ Depression/anxiety
- ☐ Glaucoma
- ☐ Sexually transmitted disease
- ☐ Fractures _____

_____

- ☐ Headaches
- ☐ Neck problems
- ☐ Back problems
- ☐ Rheumatoid arthritis
- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Esphogeal reflux (GERD)
- ☐ Kidney/bladder disease
- ☐ Hepatitis
- ☐ Peptic ulcer
- ☐ Appendicitis
- ☐ Other stomach/bowel disease

Immunizations:

- ☐ Polio vac (year) _____
- ☐ MMR vac (year) _____
- ☐ DPT vac (year) _____
- ☐ Chicken Pox Vaccine
- ☐ Flu Shot in last 12 months
- ☐ Pneumovax (year) _____
- ☐ Tetanus (year) _____
- ☐ Hep B vac (year) _____

- ☐ Pap (mo./yr.) _____
- ☐ Mammogram (mo./yr.) _____
- ☐ Prostate exam (mo./yr.) _____
- ☐ Colonoscopy (mo./yr.) _____

Specialists (seen regularly)

- ☐ Cardiologist _____
- ☐ Chiropractor _____
- ☐ Allergist _____
- ☐ Other _____
- ☐ Pulmonologist _____
- ☐ Other _____

(Females only) ☐ Menopause

full term pregnacies_____ # premature deliveries_____

C-sections_____

vaginal deliveries_____

miscarriages/abortions_____

During pregnancy did you have:

- ☐ high blood pressure
- ☐ diabetes
- ☐ pre-eclampsia or eclampsia

Surgical History

- ☐ Tonsillectomy
- ☐ Knee / hip surgery
- ☐ Shoulder surgery
- ☐ Heart bypass
- ☐ Back surgery
- ☐ Appendectomy
- ☐ Thyroid surgery
- ☐ Prostate surgery
- ☐ Cataract R(___) L(___)
- ☐ Breast surgery / biopsy
- ☐ Gallbladder surgery
- ☐ Hysterectomy
- ☐ Vasectomy
- ☐ Hernia repair
- ☐ C-section
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Family History

Circle major medical problems

Mother	Diabetes	Cancer	High Cholesterol	High blood pressure	Heart Disease	Other_____
Father	Diabetes	Cancer	High Cholesterol	High blood pressure	Heart Disease	Other_____
Brothers	Diabetes	Cancer	High Cholesterol	High blood pressure	Heart Disease	Other_____
Sisters	Diabetes	Cancer	High Cholesterol	High blood pressure	Heart Disease	Other_____
Children	Diabetes	Cancer	High Cholesterol	High blood pressure	Heart Disease	Other_____
Grandmothers	Diabetes	Cancer	High Cholesterol	High blood pressure	Heart Disease	Other_____
Grandfathers	Diabetes	Cancer	High Cholesterol	High blood pressure	Heart Disease	Other_____

Social History

Occupation _____

Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Tobacco ☐ never ☐ now ☐ quit

per day_____

Year quit _____

Age started_____

Alcohol use: ☐ never or

- ☐ Liquor _____ per day / week / month
- ☐ Beer _____ per day / week / month
- ☐ Wine _____ per day / week / month

Rec. Drugs: ☐ never ☐ now ☐ in past