

I. Past History:

1. Surgeries: (Check all that apply and put the date in the space provided) Patient: _____

- Appendectomy, Bunion, Cardiac bypass, Cardiac valve, Cataracts, C-Section, Cosmetic/plastic, Carpel Tunnel, Ear tubes, Gall bladder, Gastric bypass, Hysterectomy, Knee Replace, AAA repair

Other: _____

2. Medications: Current: _____

Current medication Allergies: (Check all that apply and describe the reaction)

- Amoxicillin, Cipro, Codeine, NSAIDS, Demerol, Erythromycin, Iodine, Morphine, Penicillins, Sulfa, Ultram, Other

3. Illnesses: Please list any major illness you have been previously diagnosed with and the date (i.e. hypertension, diabetes, cancer, stroke, epilepsy, heart disease, MS, depression, asthma, osteoporosis, liver disease, rheumatoid, etc)

4. Accidents: Please check any major traumas and list the approximate date they happened.

- Slip / fall, Automobile, Boating, Work Injury

Has any injury resulted in fractures, permanent injury or disability hospitalization? Y / N Which injury? _____

II Family History

Table with columns: High Blood Pressure, Heart Disease, Cancer, Diabetes, Stroke, Kidney, Scoliosis, Hereditary Arthritis, Hereditary Thyroid, Hereditary Disorder, Other. Rows: Mother, Father, Siblings, Children.

III Work History Hours/week

- Full Time, Part Time, Home Maker, Unemployed, Student, 20-40, 40-50, 50-60, 60-70, mostly sitting, light labor, computer, eniovable, mostly standing, moderate labor, repetitive, relaxed, mostly walking, heavy labor, telephone, stressful, sedentary, difficult

Current Employer: _____

IV Social History

Exercise

- Several time/week, Every other day, Once a week, Almost nothing, Sports?, Aerobic, Weights, Stretching, Walking

Alcohol use

- Never, Social, Light, Moderate, Heavy

Smoking

- Never, Light, Moderate, Heavy, Former

Diet

- Controlled, Not controlled, Restricted, Unrestricted, 1-2, 2-3, 4+, Balanced, Low Carb, High protein, Low fat, Low-Cholesterol

Table with 3 columns: Initial / Date, Initial / Date, Initial / Date. Three rows for data entry.

Do you follow a diet plan (Jenny Craig, Vegan, Diabetic) _____

Patient Name: _____

Date: _____

Musculoskeletal

Osteoporosis	Y	N
Arthritis	Y	N
Scoliosis	Y	N
Neck pain	Y	N
Back problems	Y	N
Hip disorders	Y	N
Knee injuries issues	Y	N
Foot/ankle pain	Y	N
Shoulder problems	Y	N
Elbow/wrist pain	Y	N
TMJ	Y	N
Poor posture	Y	N

Nervous System

Anxiety	Y	N
Depression	Y	N
Memory issues	Y	N
Sleeping issues	Y	N
Headache	Y	N
Dizziness	Y	N
Pins and needles	Y	N
Numbness	Y	N
Loss of smell/taste	Y	N
Weakness	Y	N
Tremors	Y	N
Loss of Coordination	Y	N

Head and Neck Symptoms

Change in head size	Y	N
Blurred/double vision	Y	N
Earache	Y	N
Hearing loss	Y	N
Ringing in the ears	Y	N
Hoarseness	Y	N
Sore throat	Y	N
Chronic ear infections	Y	N
Difficulty swallowing	Y	N
Sinus Infection	Y	N

Cardiovascular Symptoms

Chest pain	Y	N	Low Blood Pressure	Y	N
Palpitations	Y	N	High cholesterol	Y	N
Dizziness	Y	N	Excessive bruising	Y	N
Trouble breathing	Y	N	Leg Swelling	Y	N
High Blood Pressure	Y	N	Jaw/Arm Pain	Y	N

Respiratory Symptoms

Cough	Y	N	Emphysema	Y	N
Shortness of breath	Y	N	Hay fever	Y	N
Asthma	Y	N	Pneumonia	Y	N
Sleep Apnea	Y	N	Wheezing	Y	N
			Coughing blood	Y	N

Gastrointestinal Symptoms

Nausea	Y	N	Food Sensitivities	Y	N
Vomiting	Y	N	Alt. Bowel Habits	Y	N
Stomach Pain	Y	N	Constipation	Y	N
Heartburn	Y	N	Diarrhea	Y	N
Ulcer	Y	N	Blood in Stool	Y	N

Genitourinary Symptoms

Trouble Urinating	Y	N	Painful urination	Y	N
Urgency	Y	N	Lump in groin	Y	N
Urinary Frequency	Y	N	Chronic urinary	Y	N
Incontinence	Y	N	infections		
Blood in the Urine	Y	N			

Endocrine Symptoms

Diabetes	Y	N	Increase in size	Y	N
Heat or Cold	Y	N	Of hands/feet		
Intolerance			Sudden weight	Y	N
Hyperthyroidism	Y	N	changes		
Hypothyroidism	Y	N	Constant Thirst	Y	N
Pancreatic probs	Y	N	Purple Streaks	Y	N

Skin, Hair and Nails Symptoms

New Rashes	Y	N	Eczema	Y	N
Easily Bruised	Y	N	Psoriasis	Y	N
Bleeding gums	Y	N	Skin Cancer	Y	N
Increased/Decrease	Y	N	Excessive hair loss	Y	N
pigmentation			Skin Lesions	Y	N
Excessive acne	Y	N			

Doctor's Comments: _____

Initial / Date	_____ / _____	_____ / _____	_____ / _____	_____ / _____
	_____ / _____	_____ / _____	_____ / _____	_____ / _____
	_____ / _____	_____ / _____	_____ / _____	_____ / _____