

Please complete to the best of your knowledge:

Main complaint or reason for consultation: _____

Height: _____ Weight: _____ Could you be pregnant? YES NO N/A

Current Medical Problems:

Diabetes High Blood Pressure Heart disease Stroke Asthma Cancer Bleeding Disorder

Other: _____

Past Surgical History (Please list all past surgeries minor/major and dates):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List of Current Medications:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Medication Allergies (list medication and reaction): No Known Medication Allergies

Are you allergic to Latex? Yes No

Are you allergic to Iodine? Yes No

Social History:

Marital Status: Single Married Divorced Widowed

Occupation: _____ How long? _____

Work Status: Fulltime Part-time Seasonal Unemployed: how long: _____ Retired Disabled

Are you currently involved in a: Disability claim Workers compensation Lawsuit

Do you smoke? No Quit (year) _____ Yes: Packs per day, _____ Years _____

Family History: (NOTE: provide which family member)

Diabetes: Mother Father Grandparent: Paternal Maternal Sibling

High Blood pressure: Mother Father Grandparent: Paternal Maternal Sibling

Heart Disease: Mother Father Grandparent: Paternal Maternal Sibling

Stroke: Mother Father Grandparent: Paternal Maternal Sibling

Family History – Continued:

Bleeding disorder: Mother Father Grandparent: Paternal Maternal Sibling

Cancer: _____ Mother Father Grandparent: Paternal Maternal Sibling

Review of Systems (check yes or no):

		Y	N		Y	N		Y	N
Constitutional	Weight loss/gain			Fatigue			Fevers		
Eyes	Change in vision			Eye disease/injury			Dry eyes		
ENT	Do you wear hearing aids?			Bloody Nose			Mouth Sores		
Cardiovascular	Chest pain			Swelling leg/feet			Shortness of breath		
GI	Abdominal pain			Rectal bleeding			Frequent diarrhea		
Urinary	Frequent urination			Blood in urine			Incontinence		
Musculoskeletal	Joint Pain/swelling			Muscle Pain			Difficulty walking		
Skin	Rashes/Itching			Change in moles/skin color			Change in hair/nails		
Neurological	Headaches			Light headedness/dizziness			Numbness/tingling		
Psychiatric	Memory loss or confusion			Anxiety			Depression		
Endocrine	Hormone problem			Excessive skin dryness			Heat or cold intolerance		
Hematologic	Bruising			Slow to heal cuts/wounds			Easy bleeding		

Thank you for completing this form. Please bring it with you to your appointment.