

Illnesses and Surgeries:

Please list any previous or current illness: i.e. High blood pressure, diabetes, etc.

Please list any previous surgeries:

Family Medical History:

Please list any Medical Conditions for your Family Members

Relationship	Condition	Relationship	Condition

Please list the current status of your Family Members

Mother	Alive: Yes/No	If No: Death Year:	-Cause of Death:
Father	Alive: Yes/No	If No: Death Year:	-Cause of Death:
Siblings	Alive: Yes/No	If No: Death Year:	-Cause of Death:
Brother/Sister	Alive: Yes/No	If No: Death Year:	-Cause of Death:
Brother/Sister	Alive: Yes/No	If No: Death Year:	-Cause of Death:
Brother/Sister	Alive: Yes/No	If No: Death Year:	-Cause of Death:
Brother/Sister	Alive: Yes/No	If No: Death Year:	-Cause of Death:
M. Grandmother	Alive: Yes/No	If No: Death Year:	-Cause of Death:
M. Grandfather	Alive: Yes/No	If No: Death Year:	-Cause of Death:
P. Grandmother	Alive: Yes/No	If No: Death Year:	-Cause of Death:
P. Grandfather	Alive: Yes/No	If No: Death Year:	-Cause of Death:

Social History

Do you smoke? Yes/No If yes, how much do you smoke? _____

Do you drink Coffee/Tea/Soda? Yes/No If yes, how much? _____

Do you drink? Yes/No If yes, how much do you drink? _____

Do you use recreational drugs? Yes/No If yes, what type? _____

Immunization History

Vaccine	Year

Marital status: Single/Married/Divorced/Widowed **# of Children:** _____ **Occupation:** _____

Please check all that apply:

	EYES	(Con't Gastro)	(Con't Neuro)
	Blurred vision	Frequent heartburn	Dizziness
	Double vision	Frequent indigestion	Loss of consciousness/fainting
	Trouble seeing	Difficulty swallowing	Change in mental status
	Glaucoma	Loss of appetite	Memory loss
		Black tarry stool	Seizures
	ENMT		Speech problems
	Hearing loss	GENITOURINARY	Headaches
	Hearing changes	Frequency of urination	Migraines
	Ear pain	Blood in urine	Disorientation
	Ringing in the ears	Urgency	Loss of coordination
	Ear discharge	Difficulty urinating	Difficulty walking
	Nose bleeds	Painful urination	Weakness, numbness, tingling
	Sinus drainage	Incontinence	Tremors
	Mouth/cold sores	Kidney infection	
	Sore throat	Kidney stones	PSYCHIATRIC
	Hoarseness	Loss of libido	Depression
	Difficulty swallowing	Sexual difficulty	Anxiety
	Dental problems	Pain in intercourse	Panic attacks
	Bleeding gums	Excessive menstrual bleeding	Agitation
		Irregular periods	Apprehension
	CARDIOVASCULAR	Hot flashes	Hallucinations
	Chest pain	Vaginal discharge	Insomnia
	Shortness of breath	Nipple discharge	Anger/resentment
	Irregular heartbeat	Menstrual cramps	
	Heart murmurs	Premenstrual depression	ENDOCRINE
	Pain down left arm	Lumps in breast	Excessive thirst
	Heart palpitations	Burning in urination	Excessive urination
	Ankle swelling	Difficulty starting to urinate	Heat or cold intolerance
		Nightly urination	Excessive sweating
	RESPIRATORY	Dripping after urination	Hair loss
	Cough	Penile sores	
	Congestion		HEMATOLOGIC/LYMPHATIC
	Sputum production	MUSCULOSKELETAL	Excessive fatigue
	Shortness of breath	Joint pain	Excessive bruising
	Coughing up blood	Joint swelling	Blood in stool
	Wheezing	Back pain	Excessive bleeding
	Chest pain with breathing	Muscle spasms	Lymph node swelling
	Daytime sleepiness	Muscle weakness	
	Excessive snoring	Muscle pain	ALLERGIC/IMMUNOLOGIC
			Frequent sinus trouble
	GASTROINTESTINAL	INTEGUMENTARY	Catches colds easily
	Abdominal pain	Rash	Drug sensitivity
	Nausea	Itching	Environmental sensitivity
	Vomiting	Bruising	Hay fever
	Diarrhea	Hives	Food allergies/intolerances
	Constipation	Skin ulcers/sore	
	Gas and bloating	Slow healing	CONSTITUTIONAL SYMPTOMS
	Vomiting blood	Change in skin color	Weight loss
	Rectal bleeding	Scars	Weight gain
	Abdominal distension		Chills
	Jaundice	NEUROLOGICAL	Fever
	Mucus in bowel movement	Light headedness	Fatigue
			Night sweats