

## FAMILY HISTORY

ARE THERE ANY MEDICAL PROBLEMS THAT RUN IN YOUR FAMILY? **YES OR NO**  
IF YOU ANSWERED YES TO THE ABOVE QUESTION PLEASE LIST BELOW:

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AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DO YOU CURRENTLY USE **TOBACCO** OR HAVE A **HISTORY OF TOBACCO USE**: YES NO

HOW MANY PACKS PER DAY: \_\_\_\_\_ HOW MANY YEARS OF USE: \_\_\_\_\_

AT YOUR HIGHEST CONSUMPTION HOW MANY PACKS PER DAY OF USE? \_\_\_\_\_

DO YOU CONSUME ALCOHOL: YES NO

HOW FREQUENTLY: DAILY WEEKLY MONTHLY HOW MANY PER EPISODE: \_\_\_\_\_

ARE YOU RIGHT OR LEFT HANDED: \_\_\_\_\_

ARE YOU AT RISK FOR AIDS: \_\_\_\_\_ ARE YOU DIABETIC: \_\_\_\_\_ TYPE: \_\_\_\_\_

HAVE YOU EVER HAD A BLOOD TRANSFUSION: \_\_\_\_\_

IF **YES** IN WHAT YEAR DID YOU HAVE THE BLOOD TRANSFUSION? \_\_\_\_\_ (YEAR)

HAVE YOU HAD ANY PREVIOUS SURGERY'S? (Please List)

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PLEASE LIST ANY MEDICATIONS THAT YOU ARE ALLERGIC TO:

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PLEASE LIST ANY MEDICATION THAT YOU ARE CURRENTLY TAKING:

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ARE YOU CURRENTLY TAKING ASPIRIN OR IBUPROFEN?

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## REVIEW OF SYSTEMS:

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOUR CURRENT SYMPTOMS AT THIS TIME.....

### GENERAL:

- Anorexia
- Appetite Loss
- Chills
- Dietary Changes
- Excessive Crying
- Fatigue
- Fever
- Medication Changes
- Night Sweats
- Obesity
- Weight Gain greater than 10lbs
- Weight Loss greater than 10lbs

### SKIN:

- Bruising
- Dryness
- Excessive Swelling
- New Lesions
- Rash
- Skin Color Changes

### NECK:

- Neck Mass
- Neck Pain
- Neck Stiffness
- Swollen Glands

### HEENT:

- Blurred Vision
- Headache
- Head Injury
- Color Blindness
- Decreased Night Vision
- Double Vision
- Excessive Tearing
- Eye Pain
- Eye Redness
- Visual Disturbances
- Visual Loss
- Hearing Loss
- Deafness
- Decreased Hearing
- Ear Discharge
- Ear Infection
- Ear Pain
- Earache
- Ringing in Ears
- Tinnitus
- Spinning Sensation
- Vertigo
- Nose Bleed
- Frequent Colds
- Nasal Congestion
- Rhinitis
- Seasonal Allergies
- Sinus Pain
- Bleeding Gums
- Hoarseness
- Oral Ulcers
- Sore Throat
- Voice Changes

### RESPIRATORY:

- Chronic Cough
- Cough
- Decrease Exercise Tolerance
- Snoring
- Difficulty Breathing
- Dyspnea
- Hemoptysis
- Sputum Production
- Wheezing

### CARDIOVASCULAR:

- Chest Pain
- Calf cramps
- Difficulty Breathing on Exertion
- Difficulty Breathing Lying Down
- Fainting/Blacking Out
- Edema (swelling)
- Irregular Heart Beat
- Abnormal Blood Pressure
- Elevated Blood Pressure
- Hypertension
- Night Cramps
- Palpitations
- Rapid Heart Beat
- Leg Pain and or Swelling
- Phlebitis
- Shortness of Breath
- Swelling of Extremities

## **GASTROINTESTINAL:**

- ▣ Abdominal Mass
- ▣ Abdominal Pain
- ▣ Black, Tarry Stool
- ▣ Blood in Stool
- ▣ Change in Bowel Movement
- ▣ Constipation
- ▣ Diarrhea
- ▣ Difficulty Swallowing
- ▣ Dysphasia
- ▣ Food Intolerance
- ▣ Gas
- ▣ Hematemesis
- ▣ Heartburn
- ▣ Indigestion
- ▣ Jaundice
- ▣ Nausea
- ▣ Rectal Bleeding
- ▣ Vomiting
- ▣ Vomiting Blood

## **MUSCULOSKELETAL:**

- ▣ Backache
- ▣ Back Pain
- ▣ Calf Pain
- ▣ Claudication
- ▣ Decreased Range of Motion
- ▣ Fasciculations
- ▣ Joint Pain
- ▣ Joint Redness
- ▣ Joint Stiffness
- ▣ Joint Swelling
- ▣ Muscle Atrophy
- ▣ Muscle Cramps
- ▣ Muscle Pain
- ▣ Muscle Weakness
- ▣ Myalgia
- ▣ Swelling of Extremities

## **NEUROLOGICAL:**

- ▣ Auras
- ▣ Decreased Memory
- ▣ Difficulty Speaking
- ▣ Dizziness
- ▣ Dysarthria
- ▣ Dysesthesia
- ▣ Fasciculations
- ▣ Fainting
- ▣ Focal Neurological Symptoms
- ▣ Incoordination
- ▣ Loss of Consciousness
- ▣ Parasthesias
- ▣ Seizures
- ▣ Syncope
- ▣ Spinning Sensation
- ▣ Stroke
- ▣ Tremor
- ▣ Unusual Sensation
- ▣ Unsteadiness
- ▣ Vertigo
- ▣ Visual Changes
- ▣ Weakness
- ▣ Weakness in Extremities

## **PSYCHIATRIC:**

- ▣ Anxiety
- ▣ Change in Sleep Patterns
- ▣ Delusions
- ▣ Depression
- ▣ Early Awakening
- ▣ Fearful
- ▣ Hallucinations
- ▣ Hypersomnia
- ▣ Inability to Concentrate
- ▣ Mood Changes
- ▣ Insomnia
- ▣ Panic Attacks
- ▣ Suicidal Ideation
- ▣ Suicidal Planning

## **ENDOCRINE:**

- ▣ Appetite Changes
- ▣ Cold Intolerance
- ▣ Excessive Thirst
- ▣ Excessive Urination
- ▣ Hair Changes
- ▣ Heat Intolerance
- ▣ Hot Flashes
- ▣ Libido Change
- ▣ Sexual Dysfunction
- ▣ Thyroid Problems

## **HEMATOLOGY:**

- ▣ Abnormal Bleeding
- ▣ Anemia
- ▣ Blood Clots
- ▣ Easy Bruising
- ▣ Enlarges Lymph Nodes
- ▣ Epistaxis
- ▣ Nose Bleed
- ▣ Petechiae
- ▣ Prolong Bleeding
- ▣ Spontaneous Bleeding