

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:

AGE: _____ HEIGHT: _____ WEIGHT: _____

DO YOU CURRENTLY USE **TOBACCO**? YES NO

HOW MANY PACKS PER DAY? _____ HOW MANY YEARS OF USE? _____

DO YOU HAVE A HISTORY OF TOBACCO USE, IF SO, HOW MANY YEARS? _____

AND HOW MANY PER DAY? _____

DO YOU CONSUME ALCOHOL: YES NO

HOW FREQUENTLY: DAILY WEEKLY MONTHLY HOW MANY CONSUMED? _____

ARE YOU AT RISK FOR AIDS? _____

HAVE YOU EVER HAD A BLOOD TRANSFUSION? YES NO IF **YES**, IN WHAT YEAR? _____

HAVE YOU HAD ANY PREVIOUS SURGERIES? (PLEASE LIST)

PLEASE LIST ANY MEDICATIONS THAT YOU ARE ALLERGIC TO:

PLEASE LIST ANY MEDICATION THAT YOU ARE CURRENTLY TAKING (INCLUDING ASPIRIN/IBUPROFEN):

LIST PAST MEDICAL HISTORY (EX: COPD/DIABETES/HIGH BLOOD PRESSURE/CHOLESTEROL...)

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 Sweating
- 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
- ❑ Dysphagia
- ❑ 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
- ❑ Paresthesia/Numbness
- ❑ 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

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
- ❑ Epitaxis
- ❑ Nose Bleed
- ❑ Petechiae
- ❑ Prolong Bleeding
- ❑ Spontaneous Bleeding