

Name: _____ Birthdate: _____ Today's Date: _____

What is the chief of complaint for which you came to be treated? _____

Medical History

Please indicate whether you or a family member has had any of the following: (M-MOTHER, F-FATHER)

AID/HIV	You__M__F__	Epilepsy/Seizures	You__M__F__	Pacemaker/Defib.	You__M__F__
Anemia	You__M__F__	Eye Problems/Glaucoma	You__M__F__	Psoriasis	You__M__F__
Arthritis	You__M__F__	Gout	You__M__F__	Psychiatric Care	You__M__F__
Artificial Heart Valves	You__M__F__	Headaches	You__M__F__	Respiratory Dis./COPD	You__M__F__
Artificial Joints	You__M__F__	Heartburn/Acid Reflux	You__M__F__	Stroke	You__M__F__
Asthma	You__M__F__	Heart Disease	You__M__F__	Swelling in Ankles/Feet	You__M__F__
Back Problems	You__M__F__	Hepatitis/Jaundice	You__M__F__	Thyroid Dysfunction	You__M__F__
Cancer	You__M__F__	High Blood Pressure	You__M__F__	Tuberculosis	You__M__F__
Chemical Dependency	You__M__F__	High Cholesterol	You__M__F__	Ulcers	You__M__F__
Circulatory Problems	You__M__F__	Kidney Problems	You__M__F__	Varicose Veins	You__M__F__
Colitis/Crohn's	You__M__F__	Liver Disease	You__M__F__	Venereal Disease	You__M__F__
Diabetes	You__M__F__	Neuropathy	You__M__F__	Other	_____

Review of Current Systems

Please review the following carefully and **CIRCLE** any symptoms that you may be experiencing

Constitutional: appetite decrease, appetite increase, chills, dizziness, headaches, hot flashes, migraine, night sweats, sleeps problems, thirst, vertigo, weight gain, weight loss

Cardiovascular: ankle swelling, calf-cramping, change in temp of extremity, cold feet, murmur, pacemaker, varicosities

Endocrine: cold intolerance, cuts take long to heal, dry hair, dry skin, heat intolerance, hyperglycemia, hypoglycemia

Ear, Nose, Mouth, Throat: bleeding gums, bloody nasal discharge, cough, difficulty w/ hearing, dry throat and/or mouth, lost sense of smell, painful teeth, post-nasal drip, ringing in ears, runny nose, tinnitus

Eyes: blurred vision, discharge, dry eyes, excess tearing/watering, itchy eyes, pain or soreness in or around the eyes, photosensitivity, reddened eye(s)

Genitourinary: blood in urine, burning w/ urination, discharge, flank pain, herpes outbreak, impotence, polyuria, urinary frequency, urinary incontinence, urinary urgency

Gastrointestinal: abdominal pain, abdominal distension, blood in stool, constipation, diarrhea, excess gas, heartburn, nausea

Immunologic: arthritic flare-up, asthma attack recently, coughing, environmental allergies, eyes watering, hay fever symptoms, seasonal allergies

Integumentary: blisters, burning of skin, dry/scaly skin, eczema, hair loss, hypersensitivity of skin, hypertrophic scars, non-healing wounds, psoriatic flare-up, rash, sunburn, tingling sensation

Lymphatic: anemia, bleeding tendency, bruise easily, fatigue, frequent nose bleeds, increase time to stop bleeding, recent night sweats, swollen lymph nodes, water retention

Muscular/Skeletal: abdominal pain, back pain, hip pain, joint redness, joint swelling, leg cramps, morning stiffness, muscle tenderness, stiffness, weakness

Neurological: burning, facial tick, hypersensitivity, numbness, paralysis, recent seizure, tingling, tremors

Psychiatric: addiction to alcohol, anger, anxiousness, attempted suicide, claustrophobic, depression, disorientation, emotional or mental abuse, irritability, memory loss, nightmares, overreacting, panic attacks, paranoia, poor anger control

Respiratory: breathing difficulty, chest pain w/ inspiration, cold-like symptoms, flu-like symptoms, recent asthma attack, sleep apnea, snoring, wheezing