

NAME _____

DATE _____

Ht _____

Wt _____

Temp _____

HR _____

/
BP _____

PLEASE CIRCLE ANY THAT APPLY

PAST MEDICAL HISTORY:

PLEASE CIRCLE ANY THAT APPLY

- Low Back Pain
- Neck Pain
- Head Ache/Migraines
- Osteoarthritis
- Gout
- High Blood Pressure
- Thyroid Disorder
- Clicking Jaw
- Irritable Bowel Syndrome
- Constipation
- Acid Reflux/Indigestion
- Low Energy Levels
- Sleeping Disorders
- Painful Joints
- Depression
- Hormone Imbalance
- Acne
- Weight
- Seasonal Allergies
- Alcoholism
- Alzheimer's
- Rheumatoid Arthritis
- Asthma
- Anxiety
- Atrial Fibrillation
- Cancer _____
- Congestive Heart Failure
- Coronary Artery Disease
- Dementia
- Diabetes
- Dyspepsia
- DVT
- Pulmonary Embolism
- Glaucoma
- High Cholesterol
- Multiple Sclerosis
- Osteoporosis
- Pneumonia
- Seizure Disorder
- Stroke
- Parkinson's
- Painful/Irregular Cycles
- Other _____
- No Significant History

SURGERIES:

PLEASE CIRCLE ANY THAT APPLY

- Ankle/Hip
- Shoulder
- Appendectomy
- Back Surgery
- Carpal Tunnel
- Cataract Extraction
- Gall Bladder
- Heart
- Hernia
- Lasix
- Knee
- Mastectomy
- Thyroidectomy
- Tonsillectomy
- Tubal Ligation
- Hysterectomy
- Vasectomy
- Other _____
- Family History**
- Alcoholism
- Alzheimer's
- Depression
- Anxiety
- Diabetes
- Glaucoma
- Heart Disease
- High Blood Pressure
- Headaches
- High Cholesterol
- Multiple Sclerosis
- Parkinson's
- Seizures
- Stroke
- Cancer _____
- Other _____
- No Significant History

SOCIAL HISTORY:

PLEASE CIRCLE ANY THAT APPLY

- Marital Status- M / D / S / W
- Regular Exercise- Y / N
- Have You Ever Used Tobacco- Y / N
- Current Use _____ Pks/Day, Week
- Recreational Drug Use- Y / N
- DO YOU WANT TO QUIT- Y / N**
- Alcohol- None, Rare, Social
_____/Day, Week, Month
- Caffeine- Y / N
_____/Day, Week
- Occupation _____
- Sleep Habits- Well / Restless / Snore
- Stressors _____

Body System

- Fatigue/Insomnia
- Weight Changes
- Chest Pain
- Heart Pain
- Depression
- Menstrual Problems/Pregnant
- Shortness of Breath
- Urinary/Bowel Changes
- Headaches
- Other _____

Chief Complaint:

Current Medications/Supplements:
