MEDICAL HISTORY

Patient Name:_____ Date of Birth:_____

PLEASE CHECK (✓) APPROPRIATE BOX. DO YOU HAVE OR HAVE YOU EXPERIENCED ANY OF THE FOLLOWING?

GENERAL HEALTH	CURRENTLY	PAST		N/A	NOTES:
Weight Gain	☐	☐		☐	
Weight Loss	☐	☐		☐	
Fever	☐	☐		☐	
Fatigue	☐	☐		☐	
EYES					
Glaucoma	☐	☐		☐	
Double Vision	☐	☐		☐	
Spots in Vision	☐	☐		☐	
Vision Changes	☐	☐		☐	
EARS/MOUTH					
Ear Ache	☐	☐		☐	
Ringing in Ears	☐	☐		☐	
Sinus Problems	☐	☐		☐	
Sore Throat	☐	☐		☐	
Mouth Sores	☐	☐		☐	
Dental Problems	☐	☐		☐	
HEART					
Pacemaker	☐	☐		☐	
Mitral Valve Prolapse	☐	☐		☐	
Tachycardia (excessively fast heart rate)	☐	☐		☐	
Bradycardia (slow heart rate)	☐	☐		☐	
Heart Murmur	☐	☐		☐	
Heart Attack	☐	☐		☐	
Heart Disease	☐	☐		☐	
Chest Pain	☐	☐		☐	
Palpitations	☐	☐		☐	
High Blood Pressure	☐	☐		☐	
Rheumatic Fever	☐	☐		☐	
RESPIRATORY					
Chronic Cough	☐	☐		☐	
Asthma	☐	☐		☐	
Chronic Bronchitis	☐	☐		☐	
Tuberculosis	☐	☐		☐	
Chronic Lung Disease	☐	☐		☐	
Pneumonia	☐	☐		☐	
Wheezing	☐	☐		☐	
Spitting up blood	☐	☐		☐	
Shortness of breath	☐	☐		☐	
Painful/Difficulty Breathing	☐	☐		☐	
GASTROINTESTINAL					
Frequent Diarrhea	☐	☐		☐	
Blood in stool	☐	☐		☐	
Nausea/Vomiting	☐	☐		☐	
Constipation	☐	☐		☐	
Bowel Trouble	☐	☐		☐	
Other:_____	☐	☐		☐	
MEN'S HEALTH	**CURRENT**	**PAST**		**N/A**	**NOTES:**
Enlarged Prostate Gland	☐	☐		☐	
Prostate Cancer	☐	☐		☐	

Prostatitis	☐	☐		☐	
GYNECOLOGY	**CURRENT**	**PAST**		**N/A**	**NOTES:**
Abnormal Pap Smear	☐	☐		☐	
Recurrent Yeast Infection	☐	☐		☐	
Bacterial Vaginitis	☐	☐		☐	
Sexually transmitted Disease (STD'S)	☐	☐		☐	
Endometriosis	☐	☐		☐	
Polycystic Ovarian Syndrome (PCOS)	☐	☐		☐	
Fibroids	☐	☐		☐	
Painful/Abnormal Periods	☐	☐		☐	
GENITOURINARY					
Blood in Urine	☐	☐		☐	
Pain with Urination	☐	☐		☐	
Urge/Frequent Urination	☐	☐		☐	
Painful Intercourse	☐	☐		☐	
Recurrent UTI's	☐	☐		☐	
Kidney Stones	☐	☐		☐	
Kidney Failure	☐	☐		☐	
Kidney Disease	☐	☐		☐	
SKIN/BREAST					
Breast Cancer	☐	☐		☐	
Pain in Breast	☐	☐		☐	
Discharge	☐	☐		☐	
Masses/Lumps	☐	☐		☐	
Rashes/Ulcers	☐	☐		☐	
Dry Skin	☐	☐		☐	
NEUROLOGIC					
Stroke	☐	☐		☐	
Seizures	☐	☐		☐	
Numbness	☐	☐		☐	
Dizziness	☐	☐		☐	
Migraines	☐	☐		☐	
Multiple Sclerosis	☐	☐		☐	
PSYCHIATRIC/PSYCHOLOGICAL					
Depression	☐	☐		☐	
Anxiety	☐	☐		☐	
Obsessive compulsive Disorder (OCD)	☐	☐		☐	
Frequent Crying Spells	☐	☐		☐	
Bi-Polar disorder	☐	☐		☐	
ENDOCRINE					
Thyroid disorder	☐	☐		☐	
Diabetes	☐	☐		☐	
Abnormal Thirst	☐	☐		☐	
Hot flashes	☐	☐		☐	
HEMATOLOCIG/LYMPHATIC					
Frequent Bruises	☐	☐		☐	
Cuts that don't stop bleeding	☐	☐		☐	
Enlarged Lymph Node	☐	☐		☐	
Anemia/Blood Transfusion	☐	☐		☐	
Sickle-Cell Disease	☐	☐		☐	
Hepatitis	☐	☐		☐	

MUSCULOSKELETAL Muscle Weakness Trouble Walking Osteopenia Osteoporosis Osteoarthritis Chronic Back Pain Arthritis/Joint Pain Bone Fracture	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	