

NAME:	DOB:	AGE: 1/2
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PERSONAL PAST HISTORY (circle one for each number: N = no, Y = yes, ? = not sure)					
1. Asthma	N Y ?	7. Diabetes	N Y ?	13. Reflux/hiatal hernia/ulcers	N Y ?
2. Angina	N Y ?	8. Lupus/Collagen Vascular dis	N Y ?	14. Hepatitis/Jaundice	N Y ?
3. Heart attack/murmur	N Y ?	9. Cancer	N Y ?	15. Alcoholism	N Y ?
4. Mitral valve prolapse	N Y ?	10. Thyroid disease/goiter	N Y ?	16. Drug dependency/abuse	N Y ?
5. High blood pressure/stroke	N Y ?	11. Anemia	N Y ?	17. Nervous breakdown	N Y ?
6. Blood clots (legs or lungs)	N Y ?	12. Blood transfusion	N Y ?	18. Other past problem not listed	N Y ?

CURRENT MEDICATIONS, VITAMINS, & SUPPLEMENTS – if none check here:
(include ALL vitamins, herbs, hormones and nonprescription medications taken regularly)

Drug Name	Dosage	How long	Doctor	Drug Name	Dosage	How long	Doctor
(1)				(5)			
(2)				(6)			
(3)				(7)			
(4)				(8)			

SURGERIES/HOSPITALIZATIONS/INJURIES/ILLNESSES – if none check here:

REASON/TYPE OF INJURY/HOSPITAL	DATE	REASON/TYPE OF INJURY/HOSPITAL	DATE

SOCIAL HISTORY – HEALTH HABITS

1. Do you smoke? no yes	2. Drink any alcohol daily? no yes	3. Recreational drug use? no yes
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SYSTEM REVIEW: N = never had, P = previous problem, C = current problem

1. CONSTITUTIONAL a. Weakness or fatigue N P C b. Lightheadedness N P C c. Frequent bruising N P C	3. RESPIRATORY a. Chronic cough N P C b. Bloody phlegm N P C c. Wheezing/Congestion N P C	5. MENTAL/EMOTIONAL a. Depression N P C b. Frequent crying spells N P C c. Problematic anxiety N P C
2. CARDIOVASCULAR a. Chest pain/Pressure N P C b. Shortness of breath N P C c. Palpitations N P C d. Swelling of legs N P C	4. NEUROLOGIC a. Tremors or Seizures N P C b. Numbness N P C c. Difficulty walking N P C d. MS / ALS / weakness N P C	6. ALLERGIES: Drug N P C Latex N P C Environmental N P C Other _____

I have answered all questions truthfully to the best of my ability realizing that failure to disclose health information may increase my risks and/or result in complications. I will not hold anyone responsible for any adverse reaction resulting from any information I have not disclosed.

DATE TODAY	SIGNATURE:
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