

Medical History

DATE:

NAME:

Describe your principal complaint

Medical History

Surgical History

Psychological/Psychiatric History

Do you have any **scars** (from surgery or trauma) ☐ Yes ☐ No

If yes, where?

Please list all medications, herbs, supplements:

FAMILY HISTORY:

Please list all major illnesses in your family

Social History (relationships, work, etc.):

Do you have a pacemaker? ☐ Yes ☐ No

Are you pregnant? ☐ Yes ☐ No

REVIEW OF SYMPTOMS

COSTITUTIONAL

- ☐ Weight gain/loss
- ☐ Fatigue
- ☐ Weakness
- ☐ Fever
- ☐ Night sweats
- ☐ Insomnia

MUSCULOSKELETAL

- ☐ Joint pain
- ☐ Joint swelling
- ☐ Joint redness
- ☐ Muscle weakness
- ☐ Bone infection

CARDIAC

- ☐ Chest Pain
- ☐ Palpitations
- ☐ Fast/Slow pulse
- ☐ Arrhythmias
- ☐ Fainting
- ☐ Leg Swelling
- ☐ Trouble Breathing
- ☐ Heart Murmur
- ☐ High blood pressure
- ☐ Low blood pressure

HEMATOLOGIC

- ☐ Anemia
- ☐ Clots
- ☐ Unusual bleeding
- ☐ Easy bruising
- ☐ Swollen glands
- ☐ Infections
- ☐ Cancer

EYES

- ☐ Pain
- ☐ Redness
- ☐ Loss of vision
- ☐ Double/blurred

EARS/NOSE/MOUTH

- ☐ Ringing in ears
- ☐ Loss of hearing
- ☐ Room spinning
- ☐ Sinus Pain/drainage
- ☐ Mouth Sores
- ☐ Frequent sore throats
- ☐ Hoarseness
- ☐ Difficulty swallowing
- ☐ Pain in jaw

SKIN

- ☐ Redness
- ☐ Rash
- ☐ Nodules/bumps
- ☐ Sores
- ☐ Dryness
- ☐ Hair loss

PSYCHIATRIC

- ☐ Depression
- ☐ Excessive worries
- ☐ Anxiety
- ☐ Thoughts of suicide
- ☐ Mood swings
- ☐ Hallucinations
- ☐ Stress
- ☐ Irritability
- ☐ Poor concentration
- ☐ Racing thoughts
- ☐ Eating disorder

NEUROLOGICAL

- ☐ Headaches
- ☐ Dizziness
- ☐ Fainting
- ☐ Numbness or tingling
- ☐ Memory problems
- ☐ Seizures

RESPIRATORY

- ☐ Cough
- ☐ Asthma
- ☐ Pneumonia
- ☐ Shortness of Breath
- ☐ Emphysema
- ☐ Chronic Bronchitis

GASTROINTESTINAL

- ☐ Nausea
- ☐ Vomiting
- ☐ Constipation
- ☐ Diarrhea
- ☐ Loss of appetite
- ☐ Heartburn
- ☐ Stomach pain
- ☐ Ulcers
- ☐ Blood in stools
- ☐ Tarry black stools

URINARY

- ☐ Frequent urination
- ☐ Painful urination
- ☐ Blood in urine
- ☐ Incontinence
- ☐ Kidney stones
- ☐ Kidney failure
- ☐ Dialysis

MEN ONLY

- ☐ Impotence
- ☐ Premature ejaculation
- ☐ Vasectomy
- ☐ Infertility
- ☐ Prostate gland problems

WOMEN ONLY

- ☐ Abnormal Pap smear
- ☐ Irregular periods
- ☐ Bleeding between periods
- ☐ Loss of libido

Other symptoms: