

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_ Occupation: \_\_\_\_\_

Chief Complaint:

Location:

Duration:

Symptoms:

Prior Treatment:

**PAST MEDICAL HISTORY:**

- \_\_\_\_\_ Alcoholism
- \_\_\_\_\_ Anemia
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Asthma / Hay Fever
- \_\_\_\_\_ Cancer, tumor
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Drug abuse
- \_\_\_\_\_ Depression
- \_\_\_\_\_ Eczema, hives, rashes
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Headache/Migraines
- \_\_\_\_\_ Heart disease
- \_\_\_\_\_ High blood pressure
- \_\_\_\_\_ Liver disease, hepatitis, yellow jaundice
- \_\_\_\_\_ Lung disease, T.B.
- \_\_\_\_\_ Nervous breakdown/ mental illness
- \_\_\_\_\_ Phlebitis
- \_\_\_\_\_ Stroke
- \_\_\_\_\_ Suicide attempt
- \_\_\_\_\_ Thyroid disease
- \_\_\_\_\_ Tobacco use
- \_\_\_\_\_ Transfusions
- \_\_\_\_\_ Ulcer in stomach
- \_\_\_\_\_ Uncontrolled bleeding
- \_\_\_\_\_ Venereal disease

**MEDICINES YOU ARE TAKING:**

_____	_____
_____	_____
_____	_____
_____	_____

**DRUG and/or OTHER ALLERGIES:**

\_\_\_\_\_

**HOSPITALIZATIONS:**

Year	Reason for Hospitalization	Hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____

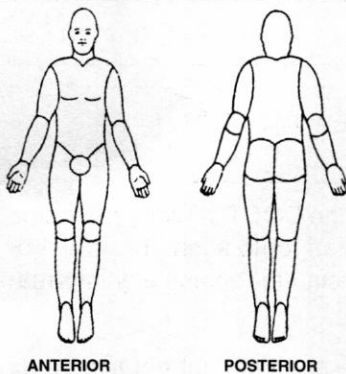
**SOCIAL HISTORY:**

Male \_\_\_\_\_  
Times Pregnant \_\_\_\_\_ Female \_\_\_\_\_

**FAMILY HISTORY:**

\_\_\_\_\_ Heart Disease \_\_\_\_\_ Diabetes \_\_\_\_\_ Cancer \_\_\_\_\_ Melanoma/Skin Cancer  
\_\_\_\_\_ Allergies \_\_\_\_\_ Eczema \_\_\_\_\_ Psoriasis \_\_\_\_\_ Asthma

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_



**ROS:**

- Constitutional** Fever, Chills, Malaise, Decreased appetite
- HEENT** Sore throat, Vision/Hearing, Runny nose, Nose bleeds
- CNS/Neuro** Headaches, Weakness, Neck pain
- Pulmonary** SOB, Cough
- Cardiac** Chest pain, Palpitations
- Gastrointestinal** Nausea, Vomiting, Diarrhea, Constipation, Abdominal Pain
- Genitourinary** Inc urinary frequency, Burning, Sexual dysfunction
- Endocrine** Weight changes, Thyroid-low/high/tumor, Hairloss/growth
- Musculoskeletal** Muscle aches, joint aches, weakness
- Heme** Anemia, Bleeding disorder, easy bruising
- Psych** Anxiety, Sadness, Anger, Hopelessness, Stress