



Name: _____; DOB: _____

MEDICAL HISTORY FORM

F. SOCIAL HISTORY:

HAVE YOU EVER SMOKED? YES NO PACKS PER DAY: _____ FOR _____ YEARS QUIT IN _____
 DO YOU DRINK ALCOHOL? YES NO DRINKS PER DAY: _____ FOR _____ YEARS QUIT IN _____
 ARE YOU: SINGLE / MARRIED / DIVORCED / WIDOWED RETIRED OCCUPATION: _____

G. REVIEW OF SYMPTOMS (CHECK ANY THAT REGULARLY OCCUR):

GENERAL:

- FATIGUE
- FEVER
- CHILLS
- NIGHT SWEATS
- CHANGE IN APPETITE OR WEIGHT

HEART:

- HEART ATTACK
- IRREGULAR. OR RAPID HEART BEAT
- CHEST PAIN OR TIGHTNESS
- MURMUR
- TROUBLE LYING FLAT

ENDOCRINOLOGIC:

- THYROID DISEASE
- HOT/COLD SENSITIVITY
- EXCESSIVE WATER DRINKING

HEENT:

- MIGRAINES
- SEVERE HEADACHE
- LOSS OF CONSCIOUSNESS
- RINGING IN THE EARS
- BLURRY VISION
- DOUBLE VISION
- HAYFEVER/SINUSITIS
- NOSE BLEEDS
- FREQUENT SORE THROAT
- HOARSENESS

GASTROINTESTINAL:

- DIVERTICULI/HEMMORHOIDS
- ULCERS
- DIARRHEA
- CONSTIPATION
- VOMITING BLOOD
- LIVER DISEASE/HEPATITIS
- BLACK TARRY STOOL OR BLOOD IN STOOL
- TROUBLE SWALLOWING

HEMATOLOGIC:

- ANEMIA
- EASY BRUISING
- BLOOD TRANSFUSION
- SWOLLEN LYMPH GLANDS
- BLOOD CLOT

JOINT:

- SWOLLEN JOINTS
- WEAKNESS
- ARTHRITIS
- OSTEOPOROSIS
- BACK PAIN
- MUSCLE PAIN
- RASHES

PULMONARY:

- ASTHMA
- TUBERCULOSIS
- WHEEZING
- PERSISTENT COUGH
- COUGHING UP BLOOD
- UNRESOLVING PNEUMONIA
- SHORTNESS OF BREATH WITH EXERCISE
- ASBESTOS / SILICA CONTACT

NEUROLOGIC:

- SEIZURES
- NUMBNESS
- STROKE
- VERTIGO
- LOSS OF BALANCE
- PSYCHOLOGIC TREATMENT

OTHERS: _____

Notes (for office use only):
