PAST MEDICAL HISTORY

Below is a list of questions that must be answered carefully. These problems can affect yours diagnosis and treatment plan. ***Check ALL of the followings conditions that apply and "NONE" if they do not:***

MEDICAL CONDITIONS

☐ NONE

☐ Anemia ☐ Heart Disease
☐ Arthritis ☐ Lumbago
☐ Cancer ☐ Mental Disorder
☐ Diabetes ☐ Pneumonia
☐ Epilepsy ☐ Tuberculosis

GENERAL

☐ NONE

☐ Allergies
☐ Loss of Sleep
☐ Fever
☐ Headaches

FAMILY HISTORY

☐ UNKNOWN

Cancer	☐ Y	☐ N	☐ Mother	☐ Father
Heart Disease	☐ Y	☐ N	☐ Mother	☐ Father
Hypertension	☐ Y	☐ N	☐ Mother	☐ Father
Diabetes	☐ Y	☐ N	☐ Mother	☐ Father
Stroke	☐ Y	☐ N	☐ Mother	☐ Father

REVIEW OF SYSTEMS (within the past 6 months)

EENT

☐ NONE

☐ Ear Aches
☐ Sore Throat
☐ Dental Problem
☐ Vision Problem
☐ Hearing Difficulty
☐ Stuffy Nose

GASTROINTESTINAL

☐ NONE

☐ Vomiting ☐ ↑/↓ Appetite
☐ Excessive Thirst ☐ Diarrhea
☐ Frequent Nausea ☐ Colitis
☐ Constipation ☐ Heartburn
☐ Hemorrhoids ☐ Gas/Bloating
☐ Stomach Cramps
☐ Liver Trouble
☐ Gall Bladder Problem
☐ Weight Trouble
☐ Black/Bloody Stool

INJURIES

** within the past 10 years*

☐ NONE

Work Accident	☐ Y	☐ N	_____
Car Accident	☐ Y	☐ N	_____
Slip & Fall	☐ Y	☐ N	_____
Fractures	☐ Y	☐ N	_____
Surgeries	☐ Y	☐ N	_____

GENITORINARY

☐ NONE

☐ Bladder Trouble
☐ Discolored Urine
☐ Painful /Excessive Urination

FEMALES ONLY

When was your last period?

_____

Are you Pregnant? Due: / /

☐ No ☐ May be ☐ Yes

MALES/FEMALES

☐ NONE

☐ Genital Herpes
☐ Vaginal Pain / Infections
☐ Breast Pain / Lumps
☐ Prostate / Sexual Dysfunction
☐ Menstrual Cramping

C-V-R

☐ NONE

☐ Chest Pain
☐ Ankle Swelling
☐ Shortness of Breath
☐ ↑/↓ Blood Pressure
☐ Heart Problems
☐ Irregular Heartbeat
☐ Lung Problems / Congestion
☐ Varicose veins

NERVOUS SYSTEM

☐ NONE

☐ Paralysis
☐ Forgetfulness
☐ Confusion
☐ Depression
☐ Fainting
☐ Convulsions
☐ Cold Arms / Legs
☐ Tingling Arms / Legs

DOCTOR'S NOTES

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

☐ Contributory ☐ None-Contributory