

Please fill out this form to help us understand your medical history so we can better care for you.



Name: _____

Date: _____

Reason for visit: _____

Have you ever had any of the following medical problems?

- a) high blood pressure d) lung disease g) stroke j) depression
 - b) heart attack e) diabetes h) cancer k) HIV/AIDS
 - c) asthma f) hepatitis i) stomach problem/ ulcer l) psychiatric treatment
- Other: _____

Please list surgeries:

- 1 _____ (date) _____ 2 _____ (date) _____
- 3 _____ (date) _____ 4 _____ (date) _____

Medications:

- a.) Over the Counter medications: _____
- b.) Prescription medication(list) _____

True Allergic reaction to medications _____

Intolerance or adverse reaction to medication: _____

Family history of major medical problems: a) cancer b) diabetes c) heart disease d) other _____

Occupation: _____

Have you ever smoked? YES / NO If yes, _____ packs per day for _____ years. When did you quit? _____

Do you drink alcohol? YES / NO Amount _____ drinks per day

ROS: Please circle if you have any of the following problems:

- eyes: no problems or itchy, excess tearing, change in vision, glasses
- ears: no problems or discharge, loss of hearing, imbalance, hearing aid
- nose: no problems or obstruction, discharge/runny, bleeding, foul odor, loss of smell
- mouth: no problems or sores/ulcers, dental problem
- throat: no problems or pain, difficulty swallowing, hoarseness
- neck: no problems or soreness, lumps/swelling, pain
- heart: no problems or chest pain, palpitations, murmur, heart attack, high blood pressure
- lungs: no problems or short of breath, cough, wheezing, previous TB, bronchitis
- digestive: no problems or nausea/vomit, constipation, acid indigestion
- urinary: no problems or flank pain, pain on urination, abnormal urine, kidney stone
- nervous: no problems or headache, seizures, stroke, memory loss

Have you every had Allergy Skin testing? If "yes" what allergies were detected?

Have you ever had Allergy Shots (Immunotherapy)? If "yes" did it help?

STOP HERE. THANK YOU FOR FILLING OUT THIS FORM