

Name: _____ Age: _____ Marital Status: M S W D

Date of Birth: _____

Problem or Present Illness: _____

Past Medical History: (Check Items You Have or Have Had)

<input type="checkbox"/> ADD	<input type="checkbox"/> HEART ATTACK (acute myocardial infarction)
<input type="checkbox"/> ADHD	<input type="checkbox"/> HEMORRHOIDS
<input type="checkbox"/> ANEMIA	<input type="checkbox"/> HEPATITIS
<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> HIGH BLOOD PRESSURE (hypertension)
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> HIGH CHOLESTEROL
<input type="checkbox"/> CANCER	<input type="checkbox"/> IRREGULAR HEART BEAT (palpitations)
<input type="checkbox"/> COLITIS	<input type="checkbox"/> JAUNDICE
<input type="checkbox"/> COLON POLYPS	<input type="checkbox"/> KIDNEY STONES (urinary calculus)
<input type="checkbox"/> CORONARY ARTERY DISEASE	<input type="checkbox"/> MITRAL VALVE DISORDER
<input type="checkbox"/> DEPRESSION	<input type="checkbox"/> NERVOUS BREAKDOWN
<input type="checkbox"/> DIABETES MELLITUS, TYPE I	<input type="checkbox"/> PNEUMONIA
<input type="checkbox"/> DIABETES MELLITUS, TYPE II	<input type="checkbox"/> RHEUMATIC FEVER
<input type="checkbox"/> EMPHYSEMA	<input type="checkbox"/> SEIZURES
<input type="checkbox"/> EPILEPSY	<input type="checkbox"/> STOMACH ULCER
<input type="checkbox"/> ESSENTIAL HYPERTENSION	<input type="checkbox"/> THYROID DISORDER
<input type="checkbox"/> GALLSTONES (cholecystitis)	<input type="checkbox"/> TUBERCULOSIS
<input type="checkbox"/> GLAUCOMA	OTHER: _____
<input type="checkbox"/> GERD	
<input type="checkbox"/> HEARING LOSS	

Past Surgical History:

HOSPITAL: _____	DATE: _____
HOSPITAL: _____	DATE: _____
HOSPITAL: _____	DATE: _____
HOSPITAL: _____	DATE: _____
SURGERIES: _____	DATE: _____
SURGERIES: _____	DATE: _____
SURGERIES: _____	DATE: _____
SURGERIES: _____	DATE: _____

Medication List:

Allergy List:

ENVIRONMENTAL: _____

FOOD: _____

MEDICATIONS: _____

Family Medical History: (Please Specify on Grandparents if Paternal or Maternal)

BROTHERS DECEASED	AGE: _____ REASON: _____
BROTHERS LIVING	_____
CHILDREN DECEASED	AGE: _____ REASON: _____
CHILDREN LIVING	_____
FATHER DECEASED	AGE: _____ REASON: _____
FATHER LIVING	_____

