SYSTEMS/SYMPTOMS

Check conditions you currently have or have had in the past

General
- ☐ Fever/Chills
- ☐ Fatigue
- ☐ Sleep problems
- ☐ Depression
- ☐ Dizziness
- ☐ Fainting
- ☐ Headache
- ☐ Nervousness
- ☐ Numbness
- ☐ Cancer
- ☐ Alcoholism

Respiratory
- ☐ Short of breath
- ☐ Cough
- ☐ Asthma
- ☐ Recurrent pneumonia
- ☐ Bronchitis
- ☐ Emphysema
- ☐ Sleep Apnea

Derm
- ☐ Rash
- ☐ Itching
- ☐ Hives
- ☐ Change in moles
- ☐ Sore that will not heal
- ☐ Bruise easily

Eyes
- ☐ Blurry vision
- ☐ Double vision
- ☐ Loss of vision-R
- ☐ Loss of vision-L
- ☐ Glaucoma

ENT
- ☐ Decreased hearing
- ☐ Sore throat
- ☐ Ears ringing
- ☐ Bleeding gums
- ☐ Hay Fever
- ☐ Persistent cough
- ☐ Sinus problems

Psych
- ☐ Anxiety
- ☐ Depression
- ☐ Suicide Attempts

Endo
- ☐ Weight change
- ☐ Thirsty all of the time
- ☐ Diabetes
- ☐ Goiter
- ☐ Thyroid problem

Cardiovascular
- ☐ Chest pain
- ☐ Fainting
- ☐ High blood pressure
- ☐ Low blood pressure
- ☐ Poor circulation
- ☐ Swelling of ankles
- ☐ Varicose veins
- ☐ Heart disease
- ☐ High cholesterol
- ☐ Pacemaker

Genital Urinary
- ☐ Pain during urination
- ☐ Incontinence
- ☐ Increased frequency
- ☐ Kidney disease

Neuro
- ☐ Numbness
- ☐ Tingling
- ☐ Loss of balance
- ☐ History of seizures
- ☐ Epilepsy
- ☐ Migraine headaches
- ☐ Multiple sclerosis
- ☐ Polio
- ☐ Stroke

GI
- ☐ Heartburn
- ☐ Constipation
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Excessive thirst
- ☐ Rectal bleeding
- ☐ Liver disease
- ☐ Hernia
- ☐ Stomach pain
- ☐ Hepatitis
- ☐ Ulcer

ID
- ☐ Aids/HIV
- ☐ Chicken pox
- ☐ Herpes
- ☐ Measles
- ☐ Mononucleosis
- ☐ Rheumatic fever
- ☐ Scarlet fever
- ☐ Tuberculosis
- ☐ Typhoid fever
- ☐ Hepatitis

Musculoskeletal
- ☐ Joint swelling
- ☐ Cramps
- ☐ Weakness in arms
- ☐ Weakness in back
- ☐ Weakness in feet
- ☐ Weakness in hands
- ☐ Weakness in hips
- ☐ Weakness in legs
- ☐ Weakness in neck
- ☐ Weakness in shoulders
- ☐ Weakness in knees
- ☐ Pain in arms
- ☐ Pain in back
- ☐ Pain in feet
- ☐ Pain in hands
- ☐ Pain in hips
- ☐ Pain in legs
- ☐ Pain in neck
- ☐ Pain in shoulder
- ☐ Pain in knees
- ☐ Arthritis

Heme
- ☐ Easy bruising
- ☐ Bleeding
- ☐ Enlarged lymph nodes
- ☐ Anemia
- ☐ Bleeding disorders

SOCIAL HISTORY

☐ Work in the home ☐ Retired ☐ Student Highest grade level completed_____

Currently Employed (Occupation _____) ☐ Currently off work (length of time_____)

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Children? ☐ No ☐ Yes #_____

Do you live alone? ☐ No ☐ Yes

Exercise? ☐ Daily ☐ Weekly ☐ Monthly ☐ Rarely/Never

What type of exercise ☐ _____

History of substance abuse ☐ No ☐ Yes If yes, what?_____

Smoke currently? ☐ No ☐ Yes _____Packs per day for _____ years.

Quit smoking? Year quit _____

Drink alcohol? ☐ No ☐ Daily ☐ 1-2 times/week ☐ 1-2 times/mo. ☐ 1-2 times/year

Weight_____ Height _____

SIGNATURES

Patient Signature: _____ Date:_____