

Name _____ Age _____	Date _____ Please List any allergies to Medications: _____ _____ _____
Reason for today's visit: _____ _____	

Primary Care Physician : _____
Referring Physician : _____

PAST MEDICAL HISTORY: Please circle any following illnesses that you have

Allergy problem	Diabetes	Heart Attack	Lung Disease
Asthma	Reflux	Hepatitis	Seizure
Bleeding Disorders	Glaucoma	Hypertension	Sleep Apnea
Cancer: Type _____	Heart Disease	Kidney Problems	Stroke
Other _____			

Please list any surgeries: _____

Please list any illnesses for which you were hospitalized: _____

Please list all current medication: (Amount, Times a day): _____

SOCIAL HISTORY : Please circle what applies :

Currently Smoke _____ How many packs daily _____ For how many years _____
 Did you previously smoke? YES/NO When did you quit? _____ Use smokeless tobacco? _____
 Any smokers in the home? YES/NO
 Alcohol Use: None Rare Minimal Moderate Heavy
 If in a daycare: Private or Public Grade in School _____ Occupation _____

FAMILY HISTORY: Please circle whether any relatives have following illnesses:

Allergy	Cancer	Type _____
Anesthesia	Hearing Loss	
Bleeding Disorder	Heart Problems	Diabetes

Comments:

OVER

Please circle symptoms that relate to you :

ALLERGY:	Environmental Allergies Runny Nose	Post Nasal Drip Sneezing	
<u>Ears</u>	<u>Nose</u>	<u>Throat</u>	
Ear drainage	Altered sense of smell	Altered sense of taste	
Dizziness	Bleeding	Hoarseness	
Earaches	Congestion	Sore throat	
Ear itching	Post nasal drainage	Throat clearing	
Ear noise	Snoring	Throat dryness	
Hearing loss	Sinus pain	Throat itching	
Light headedness	Sinus pressure	" Lump" in throat	
RESP:	Asthma Cough Coughing blood	Shortness of breath Wheezing	
EYES:	Itchy eyes Watery eyes	Pain around eyes	
GI:	Heartburn Reflux	Swallowing difficulty	
NEURO:	Headaches Fainting	Seizures	
GENERAL:	Chills Fatigue	Weight Loss or Gain	
ENDO:	Hot flashes	Temperature intolerance Thyroid Problems	
HEME/LYM :	Anemia Bleeding tendency	Bruises easily Swollen Nodes/glands	
CARDIAC:	Chest pain High blood pressure	Heart murmur Palpitations	Heart trouble Heart attack
MSK:	Arthritis Joint pain	Back pain Muscle Weakness	
GU :	Increased urination	Painful urination Kidney Stones	
SKIN:	Dry skin	Skin discoloration Rash Hives	Skin ulcerations
PSYCH:	Depression Stress Tension	Anxiety Panic Attacks	
Signature:			