

MEDICAL HISTORY / Review of Systems: Please complete blanks below and mark any conditions that apply to you.

Name: _____ **Date:** _____

Your Primary Care Physician's Name: _____ and their phone: (____) _____

Were you REFERRED to us by another DOCTOR? Y N

Dr's Name _____ Phone (____) _____

Dr's Address _____

List your MEDICATIONS Vitamins, Pills and Supplements you take and what they are for:

List your ALLERGIES to medicine or any other substance

FAMILY HISTORY:

List anyone in your family who has these disorders.

Diabetes _____

High Blood Pressure _____

Stroke _____

Heart Disease _____

Macular degeneration _____

Glaucoma _____

Other _____

SURGERIES: Please list any surgeries you have had, and during what month and year.

YOUR LOCAL PHARMACY

Pharmacy Name: _____

Pharmacy Address (or crossroads): _____ City: _____

SOCIAL HISTORY:

(Circle the best answer)

Tobacco Use? Current / Former / Never

Do you regularly exercise? Yes / No

Alcohol Use? None / Rarely / Daily / Frequent

Narcotic use? None / Rarely / Daily / Frequent

Do you use nutritional supplements? Yes / No

Approximate Height: _____

Approximate Weight: _____ lbs

Pregnant? Yes / No Nursing? Yes / No

Cardiovascular

- Heart Attack
- High Blood Pressure
- Congestive Heart Failure
- Elevated Cholesterol
- Stroke
- Other _____

Constitutional

- Appetite Loss/Excess
- Dizziness
- Fainting
- Fatigue
- Nausea
- Poor Sleep
- Fever
- Other _____

Endocrine

- Diabetes
- Hypoglycemia
- Hepatitis
- Thyroid Disorder
- Pituitary Disorder
- Other _____

Gastrointestinal

- Reflux Disorder (GERD)
- Nausea
- Weight Gain/ Loss
- Gallbladder / stones
- Colon Cancer
- Crohn's Disease
- Other _____

Genitourinary

- Kidney Disease/Infection
- Bladder Disease/ Infection
- Uterine Cancer
- Prostate Enlarged / Cancer
- Kidney Disorder
- Kidney Stones
- Prostate Disorder
- Other _____

Head

- Headaches / Migraines
- Dental disorder
- Hearing Loss
- Seizures
- Other _____

Hematologic /Lymphatic

- Anemia
- Breast Cancer
- Hodgkin's Lymphoma
- Sickle Cell Disease
- Leukemia
- Bleeding Disorder
- Temporal Arteritis
- Peripheral Vascular Disease
- Other _____

Immunologic / Infectious

- Cancer
- HIV
- Bacterial Infection
- Viral Infection (Herpes etc)
- Mononucleosis
- Lyme Disease
- Sarcoid
- Sjogren's Syndrome
- Other _____

Integumentary/Skin

- Albinism
- Dermatitis
- Lupus
- Raynaud's
- Rosacea
- Scleroderma
- Skin Cancer
- Urticaria (hives)
- Other _____

Musculoskeletal

- Arthritis
- Down's Syndrome
- Gout
- Marfan's Syndrome
- Muscular Dystrophy
- Myasthenia Gravis
- Osteoporosis
- Paget's Disease
- Scoliosis
- Skeletal Disorder
- Other _____

Neurologic

- Alzheimer's
- Brain Tumor / Damage
- Cerebral Palsy
- Epilepsy
- Multiple Sclerosis
- Myasthenia Gravis
- Seizures
- Neuralgia / fibromyalgia
- Parkinson's
- Other _____

Psychiatric

- Attention Deficit (ADD)
- Anorexia
- Autism
- Anxiety
- Bipolar
- Dementia
- Depression
- Insomnia
- Memory Loss
- Mood Disorder
- Schizophrenia
- Other _____

Respiratory

- Cough
- Asthma
- Bronchitis
- Pneumonia
- Cystic Fibrosis
- Emphysema
- Tuberculosis
- Other _____

Hobbies / Interests

