Name ______________________ Date of Birth ___________

Date ______________________ Sex: M F

Allergies	Reaction
1) ____________	____________
2) ____________	____________
3) ____________	____________
4) ____________	____________
5) ____________	____________

Medications taken presently	Dose	Times/day
1) ____________	______	______
2) ____________	______	______
3) ____________	______	______
4) ____________	______	______
5) ____________	______	______

Past Medical History

- ☐ Diabetes
- ☐ Cancer ________________
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Heart attack
- ☐ Other heart trouble
- ☐ Asthma
- ☐ Pneumonia
- ☐ Stroke
- ☐ Epilepsy
- ☐ Anemia
- ☐ Thyroid problems
- ☐ Chicken pox
- ☐ Valley fever
- ☐ Tuberculosis / (+) skin test
- ☐ Depression/anxiety
- ☐ Glaucoma
- ☐ Sexually transmitted disease
- ☐ Fractures ____________

- ☐ Headaches
- ☐ Neck problems
- ☐ Back problems
- ☐ Rheumatoid arthritis
- ☐ Osteoarthritis
- ☐ Osteoporosis
- ☐ Esphogeal reflux (GERD)
- ☐ Kidney/bladder disease
- ☐ Hepatitis
- ☐ Peptic ulcer
- ☐ Appendicitis
- ☐ Other stomach/bowel disease

Immunizations:

- ☐ Polio vac (year) __________
- ☐ MMR vac (year) __________
- ☐ DPT vac (year) __________
- ☐ Chicken Pox Vaccine
- ☐ Flu Shot in last 12 months
- ☐ Pneumovax (year) ________
- ☐ Tetanus (year) __________
- ☐ Hep B vac (year) _________

- ☐ Pap (mo./yr.) ____________
- ☐ Mammogram (mo./yr.) ____________
- ☐ Prostate exam (mo./yr.) ____________
- ☐ Colonoscopy (mo./yr.) ____________

Specialists (seen regularly)

- ☐ Cardiologist______________
- ☐ Chiropractor______________
- ☐ Allergist______________
- ☐ Other______________
- ☐ Pulmonologist______________
- ☐ Other______________

(Females only) ☐ Menopause

\# full term pregnacies_____ # premature deliveries_____

\# C-sections_____

\# vaginal deliveries_____

\# miscarriages/abortions_____

During pregnancy did you have:

- ☐ high blood pressure
- ☐ diabetes
- ☐ pre-eclampsia or eclampsia

Surgical History

- ☐ Tonsillectomy
- ☐ Knee / hip surgery
- ☐ Shoulder surgery
- ☐ Heart bypass
- ☐ Back surgery
- ☐ Appendectomy
- ☐ Thyroid surgery
- ☐ Prostate surgery
- ☐ Cataract R(___) L(___)
- ☐ Breast surgery / biopsy
- ☐ Gallbladder surgery
- ☐ Hysterectomy
- ☐ Vasectomy
- ☐ Hernia repair
- ☐ C-section
- ☐ Other ______________________
- ☐ Other______________________
- ☐ Other______________________

Family History

Circle major medical conditions

Mother	Diabetes	Colon cancer	Breast cancer	High blood pressure	Early heart attack	Other____________
Father	Diabetes	Colon cancer	Breast cancer	High blood pressure	Early heart attack	Other____________
Brothers	Diabetes	Colon cancer	Breast cancer	High blood pressure	Early heart attack	Other____________
Sisters	Diabetes	Colon cancer	Breast cancer	High blood pressure	Early heart attack	Other____________
Children	Diabetes	Colon cancer	Breast cancer	High blood pressure	Early heart attack	Other____________
Grandmothers	Diabetes	Colon cancer	Breast cancer	High blood pressure	Early heart attack	Other____________
Grandfathers	Diabetes	Colon cancer	Breast cancer	High blood pressure	Early heart attack	Other____________

Social History

Occupation ______________________ **Hobbies/Activities** ______________________

Marital status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Tobacco ☐ never ☐ now ☐ quit

\# per day________

Year quit ________

Age started______

Alcohol use: ☐ never or

- ☐ Liquor __________ per day / week / month
- ☐ Beer __________ per day / week / month
- ☐ Wine __________ per day / week / month

Rec. Drugs: ☐ never ☐ now ☐ in past