

Patient Medical History

Head & Neck

- Dizziness
- Loss Of Balance
- Fainting
- Neck Stiffness
- Enlarged Lymph
- Headaches
- Grinding Teeth
- Sleep Apnea
- Other

Respiratory

- Chronic Cough
- Coughing Up Blood
- Coughing Phlegm
- Dry Cough / Throat
- Wheezing
- Aversion To Cold
- Frequent Colds
- Shortness Of Breath
- Asthma
- Chronic Bronchitis
- Allergy, Sinusitis
- Other

Eyes

- Blurred Vision
- Visual Changes
- Poor Night Vision
- Spots
- Inflammation
- Redness, Itching
- Dry
- Other

Nose, Throat, Mouth

- Bleeding
- Sinus Infection
- Hay Fever
- Allergies
- Chronic Sore Throat
- Hoarseness
- Difficulty Swallowing
- Taste Changes
- Smell Changes
- Oral Ulcers
- Other

Skin

- Dryness
- Rash / Itchy
- Hives
- Eczema / Psoriasis
- Changes In Mole, Lumps
- Bruising Easily
- Night Sweating
- Moist Clammy Skin
- Other

Cardio Vascular

- Palpatations
- Chest Pains / Angina
- Chest Tightness
- Irregular Heart Beat
- Poor Circulation / Cold
- Swelling Of Ankles
- Edema (Face / Feet)
- Heart Attack, Stroke
- Rheumatic Fever
- High / Low Blood Pressure
- Phlebitis
- Other

Patient Medical History

Neurological

- Seizure
- Tremor
- Numbness / Tingling
- Paralysis
- Seizure, Epilepsy
- Migraine
- Memory Loss
- Other

Ears

- Infection
- Ringing
- Hearing Changes
- Hearing Loss
- Moles, Spots, Veins
- Tinnitus
- Other

Muscle & Joint

- Joint Disorder
- Sore Muscles
- Weak Muscles
- Stiff Muscles
- Spine, Vertebra Problem
- Muscle Cramping
- Difficulty Walking
- Moist Clammy Skin
- Other

Gastrointestinal

- Nausea
- Gall Bladder Disorder
- Daytime Loose Stool
- Early AM Diarrhea
- Undigested Food
- Blood / Black Stool
- Excessive Hunger
- Belching / Bloating
- Food Cravings
- Excessive Thirst
- Stomach Pain
- Poor Appetite
- Heartburn
- Indigestion
- Hemorrhoids

Urogenital

- Frequent Urination
- Difficult Urination
- Night Urination
- Scanty Urination
- Bladder Infection
- Kidney Infection
- Incontinence
- Other

Mental Health

- Insomnia
- Can't Fall Asleep
- Wake Too Early
- Nightmares
- Depression
- Fatigue
- Sudden Weight Change
- Anxiety
- Irritability / Mood Swings
- Agitation
- Panic Attack
- Excessive Worry
- Obsession
- Suicidal Ideation
- Psychiatric Treatment
- Nervous Breakdown
- Other

- Gas
- Other

Patient Medical History

Female

Vaginal Infection
 Genital Pain
 Genital Itching
 Discharge
 Pelvic Inflammatory Dis.
 Fibroids
 Ovarian Cysts
 Fibrocystic Breasts
 Irregular Periods
 Long Periods
 Short Periods
 No Periods
 Painful Periods
 Abnormal Bleeding
 Clots
 Abnormal PAP Test
 Date Of Last PAP Exam
 Date Of Last Mammogram

Infertility Due To:

Ovarian Factor
 Fallopian Tube Factor
 Uterine Factor
 Cervical Factor
 Other
 Age First Menses
 Date Last Menstrual Flow

Male

Genital Pain
 Genital Itching
 Genital Lesions
 Genital Discharge
 Testicular Lumps
 Last Testicular Exam

Impotence Due To:

Testicular
 Duct Blockage
 Sexual Factor
 Sperm Factor
 Other

Infection Screen

HIV Risk Self
 HIV Risk Partner
 Hepatitis Risk
 History Of STD
 History Of Hepatitis
 Other

Yes No ?

Pregant Now?

Premenstrual Syndrome
 Menopausal Symptoms
 Painful Sex
 Number Of Days Of Flow
 Number Of Days Of Cycle

Number Of Births
 Number Of Miscarriages

Patient Medical History

Pain

Describe The Location Of your Pain

When Did It Start

How Did It Start

How Often Does It Occur

Time Of Day Your Pain Is Worse

In The Morning

In The Evening

Type of Pain

Burning

Shooting

Sharp

Cold

Prickly

Numb

Radiating

Throbbing

Pulsating

Burning

Changes Location

Accompanying Symtoms

What Aggravates Pain

Weather

Activity

Inactivity

Body Position

What Relieves Pain

Applied Cold

Applied Heat

Pain Intensity On A Scale Of 1—10

1

2

3

4

5

6

7

8

9

10

Patient Medical History

	Self	Mother	Father	Sibling
Diabetes				
Cancer				
Leukemia, Anemia				
Thyroid Disease				
Intestinal Disorder				
Arthritis				
Osteoporosis				
Stroke				
Asthma				
Allergies				
Substance Abuse				
Heart Disorder				
Seizure / Epilepsy				
Immune Disorder				
Smoke Cigarettes				
Kidney Disease				
Dental Problems				
Had a transfusion				
Had Surgery				
Been Hospitalized				

Patient Medical History

Times Per Week

√		1-3 Times	4-6 times	7-10 Times
	Drink Water			
	Drink Coffee			
	Drink Alcohol			
	Drink Wine			
	Smoke (Specify)			
	Eat Red Meat			
	Eat Fish			
	Eat Cooked Vegetables			
	Eat Salad / Fruit / Raw Vegetables			
	Eat Spicy Food			
	Eat Fatty Fried food			
	Eat Starch			
	Crave sugar			
	Crave salt			
	Get Exercise			

Rate Stress On A Scale Of 1—10

1

2

3

4

5

6

7

8

9

10

Notes