

Last Name _____ MI _____ First Name _____

Medical Information (Please check all the apply)

General

_____ Recent weight loss _____ Loss of sleep _____ Loss of appetite _____ Fatigue
_____ Fever _____ Chills _____ Night Sweats _____ History of Cancer

Integumentary (Skin)

_____ Skin problems _____ Slow Healing _____ Bruise easily _____ Skin Rashes
_____ Discolorations _____ Itching _____ Change in moles
_____ Change in skin color _____ Skin Cancer

Neurological

_____ Light headed/ dizzy _____ Memory Loss _____ Difficulty Speaking
_____ Parkinson's Disease _____ Fainting _____ Headaches
_____ Confusion _____ Migraines _____ Epilepsy/ Seizures
_____ Loss of Coordination _____ Difficulty Walking _____ Stroke
_____ Alzheimer's Disease _____ Weakness _____ Numbness or Tingling
_____ Tremors _____ Disk Herniation

Eyes, Ears, Nose and Throat

_____ Vision Problems _____ Blurred Vision _____ Double Vision
_____ Glaucoma _____ Hearing Loss _____ Ear Noises _____ Ear Pain
_____ Mouth Sores _____ Hoarseness _____ Sore Throat _____ Nose Bleeds
_____ Dental Problems _____ Difficulty Swallowing

Endocrine

_____Hypothyroidism _____Hyperthyroidism _____Diabetes _____Goiter

Respiratory

_____Coughing _____Coughing Up Blood _____Chronic Cough

_____Pneumonia _____Shortness of Breath _____Asthma

_____Chest Pain _____Tuberculosis _____Bronchitis _____Emphysema

Cardiovascular

_____Pain Over the Heart _____Heart Attack _____Irregular Heartbeat

_____Murmurs _____Pressure Over the Chest _____Pain Down Left Arm

_____Swelling of Ankles _____High Blood Pressure _____Low Blood Pressure

_____High Triglycerides _____High Cholesterol Levels _____Shortness of Breath

_____Perfuse Sweating _____Nausea _____Vomiting

Gastrointestinal

_____Gallbladder Problem _____Hepatitis _____Distress from greasy foods

_____Pain Over Stomach _____Burning in Stomach _____Ulcers

_____Heartburn _____Constipation _____Diarrhea _____Hiatal Hernia

_____Colitis _____Blood in Stool _____Mucus in Stool

Genitourinary

_____Painful Urination _____Blood in Urine _____Frequent Urination

_____Incontinence _____Kidney Infection _____Sexual Difficulty

_____Kidney Stones _____Loss of Libido

Hematologic (Blood)

_____ Anemia (Low Hemoglobin) _____ Polycythemia (High Hemoglobin)
_____ Thrombocytopenia (Low Platelets) _____ Thrombocytosis (High Platelets)
_____ Blood Clots _____ Coumadin use in the past _____ Bleeding Disorder

Musculoskeletal

_____ Arthritis _____ Osteoarthritis _____ Rheumatoid Arthritis _____ Bone Spurs
_____ Broken Bones _____ Compression Fracture _____ Head Injury
_____ Neck Injury _____ Back Injury _____ Spinal Trauma _____ Birth Trauma
_____ Muscle Weakness or Pain _____ Osteoporosis _____ Joint Pain _____ Gout

Allergic/ Immunologic

_____ Catch Colds Easily _____ HIV/ AIDS _____ Frequent Sinus Trouble
_____ Frequent Influenza _____ Allergies _____ Fever _____ Hay Fever

Women Only

_____ Irregular Periods _____ Hot Flashes _____ Vaginal Discharge
_____ Nipple Discharge _____ Menstrual Cramps _____ Abnormal Pap Smear
_____ Lumps in Breasts _____ Hysterectomy

Men Only

_____ Burning on Urination _____ Difficulty Starting Urine _____ Nightly Urination
_____ Dripping after Urination