

 Please list medication and substance allergies and the reaction you had? None

Medication/Substance

e.g.: Penicillin

Reaction

Throat swells

 Please tell what surgeries you had so far for any conditions:

Year

Example: 1986

Type of surgery

Appendix removed

Please tell about your close relatives:

Father Alive Passed away. Age: _____ Major Health Problems: _____

Mother Alive Passed away. Age: _____ Major Health Problems: _____

Brother #1 Alive Passed away. Age: _____ Major Health Problems: _____

Brother #2 Alive Passed away. Age: _____ Major Health Problems: _____

Sister #1 Alive Passed away. Age: _____ Major Health Problems: _____

Sister #2 Alive Passed away. Age: _____ Major Health Problems: _____

I have _____ **brother(s)** and _____ **sister(s)**. I have _____ **son(s)** and _____ **daughter(s)**.

 Please tell us about yourself, family, employment and habits:

I am: Married Single Divorced Widow Decline to state
I live with: Spouse/Partner Kids Parents Alone Friends Pet(s)
I am: Retired Disabled Working FT Working PT Unemployed

If working, I am employed as: _____

Education: School GED College Post-Grad. Trade School
Exercise: None Walk Go to gym Yoga/Stretch Swim
Alcohol use: Don't drink Social Heavy: _____ per day
In the past year, I have used: Marijuana Meth/Speed Cocaine Heroin None
I had problems with: Alcohol abuse Drug abuse Prescription drug abuse None
Smoker?: Daily Yes, but not everyday Past Smoker Never smoked Decline to state
If ever smoked: Age started smoking _____ Yrs. Type of material: Cigarettes Cigar Pipe
Packs per day _____ Tried to quit? Yes No If yes, age quit smoking _____ Yrs
Planning to quit? Yes No
Modalities to help quit smoking: Hypnosis Support Group Nicotine Patch
 Nicotine gum Prescription Medication (*Chantix, Zyban* etc) Self determination

Comments: _____

 Within the past year, have you suffered from the following?

Constitutional: Fever Appetite loss Weight gain Weight loss
Dermatology: Rash Dry skin Skin Infections
Ophthalmic: Poor vision Blurred vision Double vision Bright lights bother
ENT: Trouble swallowing Cold Cough
ENT: Hearing loss Ringing in ears Sore throat
Respiratory: Shortness of breath Wheezing Pneumonia
Cardiology: Chest pain Dizziness Palpitations Leg swelling
GI: Stomach pain Blood in stools Constipation Diarrhea
GI: Difficulty swallowing Heartburn Nausea/Vomiting
Musc/Skeletal: Weakness Joint pain Joint stiffness Joint swelling
Musc/Skeletal: Leg cramps Muscle spasms
Neurology: Headaches Can't sleep Memory loss Seizures
Neurology: Tingling/Numbness Tremors Weakness in limbs
Hematology: Abnormal bleeding Easy bruising Enlarged nodes
Psychology: Anxiety Depression High stress level Anger
Females: Weak bladder Post-Menopausal Diminished libido
Males: Difficulty- urination Difficulty- erections Diminished libido
Endocrine: Excessive sweating Easy Fatigue Thyroid problems
Allergy: Itchy or red eyes Runny nose Skin itch/scratch

Comments: _____

My Height: _____ Feet _____ Inch My Weight: _____ Lbs.