



Date: _____

Name: _____

CURRENT MEDICATIONS: (List all current medications not just those for back problems)

Name	Dosage	Physician Name	How long
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PAST MEDICAL HISTORY: **Check all that apply** None Apply

- Heart attack Asthma Rheumatoid arthritis Depression
- Heart failure Tuberculosis Osteoarthritis ADHD
- Abnormal heartbeat Emphysema Gout Seizures
- High blood pressure Thyroid Osteoporosis Migraine
- Stroke Stomach ulcers Cirrhosis Cerebral palsy
- Blood clots in leg Gastric reflux Hepatitis (A, B or C) Downs syndrome
- Blood clots in lung Hiatal hernia HIV/AIDS Spina bifida
- Poor circulation Kidney failure Bleeding disorder Neurofibromatosis
- High cholesterol Kidney stones Anemia
- Neuropathy: Hands or Feet

Cancer: _____ (type/treatment)

Diabetes: year diagnosed _____

Currently controlled with insulin oral medications diet

Other: _____

ALLERGIES :

(please specify type of reaction i.e. anaphylaxis, intolerance, childhood allergy, swelling, rash, itching)

Agent/Substance

Type of Reaction

SURGICAL HISTORY:

No Prior Surgery

Surgical Procedure

Year

Surgeon

Hospital

HOSPITALIZATIONS:

Surgical Procedure

Year

Physician

Hospital

FAMILY HISTORY:

Father	Living/Deceased	Cause of Death _____	Age _____
Mother	Living/Deceased	Cause of Death _____	Age _____
Brother(s)	Living/Deceased	Cause of Death _____	Age _____
Sister(s)	Living/Deceased	Cause of Death _____	Age _____

Please mark the following if found in the family:

	Mother	Father	Brother	Sister
Hypertension	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Breast Cancer	_____	_____	_____	_____
Heart Disease	_____	_____	_____	_____
Lung Cancer	_____	_____	_____	_____
Colon Cancer	_____	_____	_____	_____
Heart Attack	_____	_____	_____	_____
High Cholesterol	_____	_____	_____	_____
Asthma	_____	_____	_____	_____

SOCIAL HISTORY:

Alcohol use: Y N ____ # drinks/day ____ # drinks/week
Tobacco use: Y N ____ # packs/day ____ # years Ceased smoking ____ years ago

Marital Status: Married Single Divorced Separated Widowed
Number of children: ____

Occupation/Work: _____

Currently Disabled Y N N/A

Retired Y N

Homemaker Y N

Education Completed: GED high school college graduate school
Highest Grade Completed _____

REVIEW OF SYSTEMS: Check all that apply

Constitutional:

- In good general health
- Appetite problems
- Fatigue
- Fever
- Weight gain
- Weight loss

Skin:

- Bruising
- Changes in moles
- Pain
- Rashes
- Redness
- Ulcers
- Wound healing (slow)
- Varicose veins

Eyes:

- Blurred vision
- Difficulty seeing
- Double vision
- Glasses
- Contacts
- Surgical correction
- Tears
- Cataracts

Ears/Nose/Throat:

- Deafness
- Dental problems
- Dizziness
- Headaches
- Hearing changes
- Hoarseness
- Mouth sores
- Nasal congestion
- Nose bleeds
- Sore throat

Cardiovascular:

- Chest pain
- Extra heart beats
- Irregular heart rate
- Palpitations
- Claudication

Respiratory:

- Bloody cough
- Cough
- Shortness of breath
- Sputum
- Wheezing

Gastrointestinal:

- Abdominal pain
- Constipation
- Diarrhea
- Heart burn
- Irritable bowel
- Nausea
- Rectal bleeding
- Ulcers
- Vomiting
- Change in bowel habits
- Bowel incontinence

Genitourinary:

- Blood in urine
- Discharge
- Frequency of urination
- Bladder incontinence
- Hesitancy of urination
- Kidney stones
- Painful urination
- Prostate problems
- Urinary tract infections
- Change in force when urinating

Musculoskeletal:

- Muscle weakness
- Neck pain
- Numbness
- Spine pain radiating to arms
- Spine pain radiating to legs
- Sprains
- Stiffness
- Strains
- Swollen joints
- Tingling
- Arthritis
- Difficulty walking
- Deformities

Neurologic:

- Balance problems
- Headaches
- Memory loss
- Migraines
- Seizures
- Strokes
- Mini stroke
- Tremors
- Concussion

Psychiatric:

- Anxious
- Depressed
- Hallucinations
- Sleep disturbances
- Confusion

Endocrine:

- Excessive thirst
- Excessive urination
- Growth abnormalities
- Heat/cold intolerance
- High blood sugar
- Low blood sugar
- Insulin resistance

Lymphatics:

- Anemia
- Bleeding tendencies
- Enlarged lymph nodes
- Blood clots
- Clotting problems

Allergic/Immunologic

- Eczema
- Hives
- Persistent itching