

## Patient Medical History - New Patient

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_  
LAST FIRST MI

REFERRING PHYSICIAN: \_\_\_\_\_

**Past Health History**       Never been diagnosed w/ a significant problem

*(Mark if you have been diagnosed with any of the following problems)*

**Cancer**

- Bone
- Breast
- Colon
- Lung
- Prostate
- Other

**Heart & Blood Vessel**

- Heart Attack
- Heart Disease
- High Blood Pressure

**Lungs & Respiratory**

- Asthma
- Emphysema
- Pulmonary Embolus (PE)
- Tuberculosis (TB)

**Stomach & Digestive**

- Duodenal Ulcer
- Hepatitis Unspecified
- Hepatitis Specified

**Kidney & Urinary Tract**

- Recurrent UTI
- Renal Failure

**Bones, Joints & Muscles**

- Arthritis
- Osteo Arthritis
- Rheumatoid Arthritis
- Gout
- Osteoporosis

**Skin**

- Lyme Disease

**Brain & Nervous System**

- Alzheimer's Disease
- Dementia
- Neuralgia
- Neuritis
- Stroke

**Mental & Emotional Health**

- Anxiety
- Depression
- Drug Dependency

**Endocrine, Hormones**

- Diabetes
- Hyperthyroid
- Hypothyroid
- Thyroid Dysfunction

**Blood**

- Anemia
- Clotting Disorder
- Bleeding Disorder

**Immune & Infectious Problems**

- Auto Immune Disorder
- MRSA
- Lupus
- MRSA

**Other Past Medical Problems:**

## Patient Medical History - New Patient

**Surgeries & Hospitalizations**

Anesthesia Problems     None     Don't Know

Yes: Reaction -
-----------------

Past Surgeries     None

List Surgeries:

Past Hospitalizations for Non-surgical Reasons     None

List Hospitalizations - Non Surgical:

**Other Serious Injuries**     None

*(Mark if you ever had any of the following problems)*

Head Injury:     Concussion

Back Injury:     Thoracic     Lumbar     Ruptured Disc     Vertebral Fracture

Bone Injury:     Fracture

What was fractured?	Left or Right?

Other Serious Injuries: \_\_\_\_\_

## Patient Medical History - New Patient

**Family History**  No family history of significant health problems

*(Note which family member: children, father, mother, brother, sister, grandparents)*

**Cancer**

- Bone Cancer \_\_\_\_\_  Prostate Cancer \_\_\_\_\_  
 Breast Cancer \_\_\_\_\_  Colon Cancer \_\_\_\_\_

**Heart & Blood Vessel**

- Heart Disease \_\_\_\_\_  Hypertension (High BP) \_\_\_\_\_

**Lungs & Respiratory**

- Asthma \_\_\_\_\_  COPD \_\_\_\_\_

**Bones & Joints**

- Arthritis \_\_\_\_\_  Osteoporosis \_\_\_\_\_

**Brain & Nervous System**

- Stroke \_\_\_\_\_

**Glands, Hormones & Sugar Control**

- Diabetes before age 18 \_\_\_\_\_  Diabetes after age 18 \_\_\_\_\_

**Blood**

- Bleeding or Blood Clotting Problems \_\_\_\_\_

## Patient Medical History - New Patient

### Social History

Are you retired?  Yes  No

Employment Status:  Employed  Disabled  Unemployed

Current Occupation: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Separated  Widowed

Tobacco Use:  Never Smoked

Former smoker:  Cigarette  Smokeless Tobacco  Cigar

Current Smoker:  Every Day  Some Days

Cigarette  Smokeless Tobacco  Cigar

How many packs per day? \_\_\_\_\_ packs

Alcoholic Beverages:  Don't Drink Alcohol

Abstainer (<12/year)

Light (1-13 per month)

Social (4-16 per week)

Heavy (> 2 per day)

Dependency or Addiction to Drugs now or in the past:  None

Amphetamines  Hydrocodone

Barbiturates  Marijuana

Cocaine  Morphine

Codeine  Oxycodone

Diazepam  Soma

Heroin

Dominant Hand:  Left  Right

## Patient Medical History - New Patient

**Review of Systems (ROS)**       No problems now or in the past

*(Mark if you have now or recently had any of the following.)*

**General Health**

- Decreased Energy
- Fatigue
- Fever
- Unintentional Weight Gain
- Unintentional Weight Loss

**Cardiovascular**

- Blacking out or Fainting
- Chest Pain
- Irregular Heartbeat
- Swelling including ankles/leg

**Respiratory**

- Cough
- Pain/Tightness in Chest
- Shortness of Breath
- Wheezing

**Gastrointestinal**

- Abdominal Pain
- Nausea
- Vomiting

**Musculoskeletal**

- Cramping
- Loss of Muscle Strength
- Pain in Back
- Pain in Neck
- Painful Joints

**Neurological**

- Change in Alertness
- Difficulty w/ Balance
- Falling Down
- Headache
- Loss of Consciousness
- Numbness
- Seizures
- Tingling

**Endocrine**

- Appetite Increased
- Excessive Fatigue
- Neck has enlarged
- Thirst is increased

**Hematologic**

- Bleeds excessively after injury
- Bruises easily

**Allergic/ Infectious/ Immunologic**

- Infections recurring
- Low Blood Pressure
- Multiple aching joints w/ fever
- Rash
- Reaction to insect bite/sting

**Other Symptoms:**