Patient Name: _____ Date: _____

Medical History/Review of Symptoms

Current Past

Constitutional
- Daytime Drowsiness
- Fatigue
- Significant weight gain/loss
- Unexplained fever or chills

Eyes/Vision
- Blurred vision
- Cataracts
- Eye Pain
- Glaucoma
- Macular Degeneration
- Vision Loss _____
- Wear Glasses/ Contacts

Ears/Nose & Throat
- Dentures
- Difficulty Swallowing
- Dizziness
- Ear pain/ Infections
- Headaches
- Hearing loss
- History of head injury
- Hoarseness
- Loss of sense of smell/ taste
- Nosebleeds
- Sinus infections
- Snoring
- Sore throat
- Tinnitus (ringing in ears)

Respiration
- Asthma
- Bronchitis
- COPD
- Chronic cough
- Coughing up blood
- Emphysema
- Pneumonia
- Shortness of breath
- Sleep apnea CPAP ____
- Wheezing

Musculoskeletal
- Arthritis
- Broken bones _____
- Fibromyalgia
- Osteopenia
- Rheumatoid arthritis
- Scoliosis
- Spina bifida
- Dentures

Endocrine
- Cold intolerance
- Diabetes (Type I, Type II)
- Excessive thirst
- Frequent Urination
- Heat intolerance
- Thyroid problems

Current Past

Cardiovascular
- A-Fib/Arrhythmias
- Aneurism
- Angina
- Chest Pain
- CVA/ Stroke (Date _____)
- Heart Attack (Date _____)
- Heart Murmur
- Heart Problems/ Disease
- High Cholesterol
- High Blood Pressure
- Low Blood Pressure
- Orthopnea (difficulty breathing lying down)
- Pace Maker
- Palpitations
- Shortness of breath w/exertion
- Stents
- Swelling of legs
- Varicose veins

Gastrointestinal
- Abdominal pain
- Acid reflux
- Blood in stool
- Colitis
- Constipation
- Crohn's
- Diarrhea
- Diverticulitis
- Heartburn
- Hemorrhoids
- Indigestion
- Ulcers

Genitourinary
- Bedwetting
- Birth control
- Breast lumps/pain
- Burning urination
- Cystic kidney disease
- Erectile dysfunction
- Frequent UTIs
- Frequent urination
- Hesitancy/dribbling
- Hormone therapy
- Kidney stones
- Menstrual problems
- Pregnancy # _____
- Prostate problems
- STDs
- Urine retention

Hematologic/ Lymphatic
- Anemia
- Blood disorder _____
- Blood transfusion
- Bruising easily
- Easy bleeding

Current Past

Integumentary
- Eczema
- Hair Loss
- Psoriasis
- Rash/ Itching

Psychologic
- Anxiety
- Appetite change/loss
- Behavioral change
- Bi-Polar disorder
- Confusion
- Depression
- Insomnia
- Memory loss
- Mood change
- Other Disorder _____

Neurological
- Dizziness
- Facial weakness/ numb
- Headache
- Limb weakness _____
- Loss of consciousness
- Migraines
- Numbness/ tingling
- Seizures
- Slurred speech
- Stress
- Tremor
- Unsteadiness of gait/ loss of balance

Allergy
- Anaphylaxis _____
- Dust
- Food intolerance _____
- Iodine
- Latex
- Mold/ Mildew
- Nasal Congestion
- Pet Dander- Dog, Gat, Horse
- Seasonal allergy/ hay fever
- Smoke/ perfumes
- Tapes/ adhesives
- Trees/ grasses

Other Illnesses/ Conditions
- ADD/ ADHD
- Cancer _____
- Cerebral Palsy
- Chicken Pox/ shingles
- Fetal drug exposure
- Hepatitis _____
- HIV/ AIDS
- Measles
- Mumps
- Multiple Sclerosis
- Other _____