

NAME

DATE

HOME ADDRESS

MAIL ADDRESS

TELEPHONE (home)

(work)

(cell)

EMPLOYER / SCHOOL ATTENDING:

JOB TITLE/DUTIES

DOB

AGE

PARENT'S NAME (if minors)

SOC. SEC. #

PRIMARY DR.

PHARMACY NAME AND LOCATION

INSURANCE INFORMATION

Subscriber Name/Responsible Party

Company

Policy#

Please provide copy of insurance card

PRESENT ILLNESS

What is the nature of your problem or injury?

How long has it been going on?

Who referred you to this office?

Have any Xrays, CT scans, MRI's or other studies been done?

SOCIAL HISTORY

Single

Married

Divorced

Widowed

Children Yes No #

Do you live alone? Yes No

Exercise? Daily Weekly Monthly/Rarely Never

Type of exercise?

Smoking Currently? Yes No #Packs daily **Previously smoked?** Yes No #Packs daily

Alcohol use? Yes No #drinks weekly **Other substance abuse?**

MEDICAL HISTORY

Surgery/Hospitalizations/Medical Conditions

Year

Complications

Medications

Dosage

Reason

Allergies

Have you ever had anesthesia? Yes No Which type?

Complications?

FAMILY HISTORY

Are there any diseases or problems which run in your family?

Are your parents living or deceased? Health problems or cause of death?

Do you have any brothers/sisters? Health problems or cause of death?

REVIEW OF SYSTEMS

Are you currently having or have you had problems with:

Constitutional

- Recent weight change
- Fatigue
- Fever

Eyes

- Glasses or contacts
- Vision changes

Ears/Nose/Mouth/Throat

- Hearing Loss
- Ringing in the ears
- Sinus Problems
- Nose bleeds
- Mouth Sores

Cardiovascular

- Chest pain
- Palpitations
- Varicose veins
- Swelling of the feet or ankles

Respiratory

- Shortness of breath
- Chronic cough
- Wheezing

Hematological

- Bleeding tendency
- Anemia
- Phlebitis/circulation

Endocrine

- Excessive thirst
- Heat or cold intolerance
- Glandular or hormone

Gastrointestinal

- Nausea/vomiting
- Diarrhea
- Constipation
- Abdominal pain
- Blood in the stool

Genitourinary

- Frequent urination
- Urgency of urination
- Painful urination
- Incontinence
- Sexual difficulty

Musculoskeletal

- Joint pain
- Joint swelling
- Weakness of muscles or joints
- Muscle pain or cramps
- Back pain

Neurological

- Frequent headaches
- Light headed or dizzy
- Numbness or tingling
- Tremors
- Memory loss
- Fainting
- Poor balance

Psychiatric

- Nervousness
- Depression
- Hallucinations

Skin

- Rash or itching
- Change in skin color
- Change in hair or nails

Details of positives:

Height ft in Weight lbs.

Signature