Name: _____ Date of Birth: _____

List any surgeries: _____

_____

Are you experiencing any of the following symptoms? If so, place mark by it.

__ Headaches __ Abdominal pain __ Numbness anywhere __ Earaches

__ Nausea __ weakness __ Sore throat __ Vomiting

__ Urination at night __ Dizzy Spell __ Sinus trouble __Trouble swallowing

__ Blackouts __Hoarseness __ Cough __ Pain in joints

__ Constipation __ Diarrhea __ Chest pain or pressure __ Short of breath

__ Excessive thirst __Easy Bruising __ Sleep on more than 1 pillow __ Weight gain

__ Excessive urination __ Prolonged bleeding __ Ankles swelling __ Weight loss

__ Excessive appetite __ Rapid heartbeat __ heart skipping beats __ Trouble walking

__ Trouble talking

Your past history- Please mark if YOU have ever had any of these following before.

__ Heart rhythm problem __ Tuberculosis __ Glaucoma __ Kidney trouble

__ Heart attack __ Bronchitis __ Pancreatitis __ Prostate trouble

__ Heart failure __ Emphysema __ Cancer __ Epilepsy

__ Angina __ Asthma __ Gallbladder trouble __ Stroke

__ High Blood Pressure __ Anemia __ Colitis __ Thyroid Disease

__ Rheumatic fever __ Ulcer __ Urine Infection __ Diabetes

__ Blood clots in legs or lung __ Hepatitis __ Kidney stones __ Arthritis

__ Gout __ Broken bones __ Breast Lumps __ Trouble with periods

__ Diverticulitis __ Sleep apnea

What Medication(s) are you taking? Please include dose and frequency
If you have a list, please hand it to the receptionist.

_____
_____
_____
_____
_____
_____

What drug (s), food and/or environmental ALLERGIES do you have?

_____
_____

Have you ever smoked tobacco?__Yes __ No

How Long? _____ How much?_____ When did you stop? _____

Do you drink alcoholic beverages?__ Yes __ No How much per day? _____

Family History- Please indicate relationship

Does any direct relative (parents, children, etc.) have or has had:

__ Asthma __ Hay fever __Allergies __TB

__Emphysema __ Lung Cancer __Diabetes __High Blood Pressure

__ Sleep apnea

I certify that the above information is correct to the best of my knowledge:

Signed: _____ Date: _____