

What is the reason for your visit today? _____

Medication Allergies: _____

Medications: _____

Vitamins or Herbs: _____

Height: _____ Weight: _____

Race: _____ Ethnicity: _____ Language Preferred: _____

Past Medical History

Eyes	Yes	No	Date(s)	Cardiovascular	Yes	No	Date(s)
Glaucoma			_____	Blood Pressure Problems			_____
Glasses			_____	Heart Attack			_____
Other Vision Problems			_____	Heart Murmur			_____
			_____	Other Heart Problems			_____

Ears, Nose, Mouth, Throat

Ear Problem	_____
Sinus Problem	_____
Decrease hearing	_____
Dental Work	_____
Nose Bleeds	_____
Dental Work	_____

Respiratory

Asthma	_____
Bronchitis	_____
Tuberculosis	_____
Other Lung Problems	_____

Gastrointestinal

Ulcers	_____
Colitis	_____
Diverticulosis	_____
Other Bowel Problems	_____
Hepatitis	_____
Gall Bladder Problem	_____

Musculoskeletal

Arthritis	_____
Muscle Aches	_____
Swelling	_____
Joint Pain	_____
Weakness	_____

Integumentary

Skin Lesions	_____
Scars	_____
Varicose Veins	_____
Rashes	_____

Neurological

Seizures	_____
Stroke	_____
Paralysis	_____

Psychiatric

Anxiety	_____
Depression	_____

Endocrine

Diabetes	_____
Trouble w/ anesthesia	_____
Hyperthyroidism	_____
Hypothyroidism	_____

Hematologic	Yes	No		Lifestyle	Yes	No	Amount
Bleed Easily			_____	Alcohol Use			_____
Bruise Easily			_____	Cigarettes			_____
Bleeding Disorder			_____	Drug Use			_____
Anemia			_____				
Cancer			_____				

Women Only:

Tender Breasts
Lumps or recent
Change in size
Fibrocystic Disease
Menstrual Problem

Family History

Cancer
Diabetes
Heart Disease

Who

Past Surgeries (please list and the dates). List any problems with anesthesia.

Any other medical problems: _____

Disclosure of Information

Please list the names and phone numbers of alternate contacts for the following information:

1. You may leave **appointment reminders** for me with:
Or you can leave a message at (circle all that apply): HOME WORK
2. You may leave/discuss **laboratory results** with:
Or you can leave a message at (circle all that apply): HOME WORK
3. You may discuss **billing information** with:
Or you can leave a message at (circle all that apply): HOME WORK

SIGNATURE OF PATIENT/GUARDIAN

DATE