

What is the reason for your visit today? \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Vitamins or Herbs: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language Preferred: \_\_\_\_\_

### Past Medical History

<b>Eyes</b>	Yes	No	Date(s)	<b>Cardiovascular</b>	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	_____

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

<b>Women Only:</b>	<b>Family History</b>	Who
Tender Breasts	Cancer	_____
Lumps or recent	Diabetes	_____
Change in size	Heart Disease	_____
Fibrocystic Disease		
Menstrual Problem		

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

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**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