



NEW PATIENT MEDICAL HISTORY

Medical History Please check if you have any of the following:

- High blood pressure
- Diabetes
- Stroke
- Heart disease
- Cancer
- Respiratory problems / Asthma
- Bleeding problems
- HIV
- Hepatitis A B C

Other Medical Problems (please specify) _____

Past hospitalizations, surgeries, and injuries with approximate dates _____

Allergies (Medication or latex) _____

Current Medications _____

Family History

Please check if any of your relatives ever had any of the following problems (indicate who)

- | | | | |
|--|------------|--|------------|
| <input type="checkbox"/> Heart disease | who: _____ | <input type="checkbox"/> High blood pressure | who: _____ |
| <input type="checkbox"/> Diabetes | who: _____ | <input type="checkbox"/> Stroke | who: _____ |
| <input type="checkbox"/> Cancer | who: _____ | <input type="checkbox"/> Thyroid disease | who: _____ |

Social History

- Marital status: single married separated divorced widowed
- Tobacco use never quit (when _____) smoker (packs per day _____)
- Alcohol use never rarely moderate daily
- Drug use never type & frequency _____

Review of Systems (check all that apply to you)

Constitutional

- Good general health
- Recent weight change
- Night sweats, fevers
- Fatigue

Ears/Nose/Mouth/Throat

- Hearing loss or ringing
- Sinus problems
- Nose bleeds
- Sore throat/voice change

Eyes

- Wear glasses/contacts
- Blurred/double vision
- Eye disease or injury
- Glaucoma

Cardiovascular

- Chest pains
- Palpitations
- Heart trouble
- Swelling hands/feet

Respiratory

- Shortness of breath
- Cough
- Wheezing/asthma
- Coughing up blood

Gastrointestinal

- Nausea/vomiting
- Abdominal pain
- Rectal bleeding
- Bowel problems

Musculoskeletal

- Muscle pain or cramps
- Stiffness/swelling in joints
- Joint pain
- Trouble walking

Neurological

- Frequent headaches
- Paralysis or tremors
- Convulsions/seizures
- Numbness/tingling

Integumentary (skin/breast)

- Changes in hair/nails
- Rashes or itching
- Breast lump
- Breast pain or discharge

Endocrine

- Excessive thirst/urination
- Thyroid disease
- Hormone problem

Hematologic/Lymphatic

- Bruise easily
- Slow to heal
- Enlarged glands

Allergic/Immunologic

- Food allergies
- Aspirin allergies
- Antibiotic allergies

Genitourinary – male only

- Blood in urine
- Kidney stones
- Sexual problems
- Testicle pain

Genitourinary – female only

- Blood in urine
- Kidney stones
- Sexual problems
- Menstrual pain

Psychiatric

- Insomnia
- Confusion/memory loss
- Depression

Patient Statement: To the best of my knowledge, the above information is accurate.

Patient Signature _____ Date _____