

**PATIENT HISTORY FORM**  
(Please fill out and bring to your appointment)

NAME \_\_\_\_\_ Date of Birth: \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

CHIEF COMPLAINT \_\_\_\_\_

DURATION \_\_\_\_\_ SEVERITY OF PAIN \_\_\_\_\_

**MEDICATIONS** (Please list the medication, dose, and frequency)

1. Medication _____	Dose _____	Frequency _____
2. Medication _____	Dose _____	Frequency _____
3. Medication _____	Dose _____	Frequency _____
4. Medication _____	Dose _____	Frequency _____
5. Medication _____	Dose _____	Frequency _____

**ALLERGIES** \_\_\_\_\_

**FAMILY HISTORY**  Cancer  Heart Disease  Diabetes  Bleeding Disorder

**YOUR PAST MEDICAL HISTORY**  Cancer  Heart Disease  Diabetes  Bleeding Disorder  High Blood Pressure  
 Other \_\_\_\_\_

**SURGERIES PERFORMED**

1. Surgery _____	Date _____
2. Surgery _____	Date _____
3. Surgery _____	Date _____
4. Surgery _____	Date _____
5. Surgery _____	Date _____

**SOCIAL HISTORY** Do you live:  Alone  w/Spouse  w/Family  Apt/Condo  House  Assisted

**CAFFEINE USE**  Yes  No { If yes, please list amount: \_\_\_\_\_ cup(s)/day }

**DO YOU SMOKE?**  Yes  No { If yes, please list amount: \_\_\_\_\_ pack(s)/day }

**DO YOU USE ALCOHOL?**  Yes  No { If yes, please list amount: \_\_\_\_\_ / type: \_\_\_\_\_ }

**PATIENT MEDICAL HISTORY** (Please mark each item that is applicable)

**GENERAL**  Fever  Weight Loss  Weight Gain  Malaise

**EYES**  Glasses  Contacts  Trauma  Blurred or Double Vision

**CARDIO-VASCULAR**  Chest Pain  Leg Swelling  Irregular Heartbeat  Palpitations

**RESPIRATORY**  Sputum  Cough  Shortness of Breath

**INTESTINAL**  Diarrhea  Constipation  Weight Loss  Pain  Jaundice  Blood in Stool

**URINARY**  Hesitancy  Pain  Incontinence  Kidney Stones  Bladder Infections

**MUSULO/SKELETAL**  Fracture  Sprains  Pain  Stiffness  Instability  Swelling

**SKIN**  Rash  Lesions  Scars  Masses  Eczema

**HEMATOLGIC**  Anemia  Leg Clots

**NEUROLOGIC**  Numbness  Balance Problems  Seizures  Weakness  Loss of Memory

Physician's Initials \_\_\_\_\_ Reviewed \_\_\_\_\_