Medical History

MEDICAL HISTORY & SYSTEMS REVIEW

[BRING THIS WITH YOU TO YOUR FIRST APPOINTMENT]

Date	Name	Birth Date	Age	Sex	Height	Weight	Blood Type

Primary Presenting Health Problems	Began	Treatments Attempted	Treatment Results

What are your health goals here?	

Current Medications	Dose + Freq	Response

Current Vits./Herbs etc	Dose + Freq	Response

Do you?? *Please* ✓	How Much?
❒ Smoke Tobacco	
❒ Chew Tobacco	

Do you?? *Please* ✓	How Much?
❒ Use Caffeine	
❒ Drink Sodas	

Do You?? *Please* ✓	How Much?
❒ Drink Alcohol	
❒ Use Drugs	

List Drug Allergies	Supplement Allergies	Food Allergies	Inhalant Allergies	Chemicals Sensitivities
		❒ Milk Products	❒ Dust	❒ Chlorine, Formaldehyde
		❒ Wheat, Grains	❒ Grass, Trees, Pollen	❒ Cosmetics, Perfumes
		❒ Soy	❒ Mold	❒ Detergents, Cleaners
		❒Newsprint, Petrochem	❒ Animal Dander	❒ Gas, Glues, Paint, Dye

Date / Injuries	Date / Hospitalizations & Surgeries	Date / Foreign Travel	Date:Bug/ Animal Bites

Types of Traditional & Complementary (Alternative) Health Care Utilized: Past + Current. ***Indicate Results with _ or x***

Medical Specialties	Results	Medical Specialties	Results	Complementary	Results	Complementary	Results
❒ Primary Care		❒ Oncology		❒ Acupuncture		❒ Naturopathy	
❒ Cardiology		❒ Orthopedic/Phys.Therapy		❒ Ayurveda		❒ Nutritional / Herbs	

❒ Endocrinology		❒ Psychiatry / Psychology		❒ Chiropractic		❒ Osteopathy	
❒ Gastroenterology		❒ Rheumatology		❒ Homeopathy		❒ Reflexology/Reiki	
❒ Internal Medicine		❒ Urology/ Gynecology		❒ Hypnotherapy		❒ Spiritual / Energy	
❒ Neurology		**Other:**		❒ Massage / Shiatsu		**Other:**	

Are your receiving disability payments?	
Is this a Workers Comp case?	

Are you in litigation over any health problem?	
Are you here on behalf of a third party?	

Medical History

Health History: You and Your Family. ***_ any of the following that apply to you and your family - past or present.***

Condition	You	Family Members/List
Addictions / Alcohol		
Addictions / Other		
Arthritis		
Anxiety/Depression		
Asthma / Bronchitis		
Autoimmune Disease		
Bladder/Kidney		
Bone Loss (Osteoporosis)		
Cancer		
Diabetes		
Digestive / Intestinal Prob.		
Ear / Eye Problems		
Eating Disorders		
Genetic Condition		
Gout		
Headaches		
Heart Disease		
High Blood Pressure		

Condition	You	Family Members/List
HIV/AIDS		
Hormonal Problems		
Hyperactivity / ADHD		
Learning Disability/PDD		
Muscle Problems		
Neurological Problems		
Psychological Problems		
Rheumatic Fever		
Sex Transmitted Disease		
Seizure Disorders		
Sinus / Respiratory		
Skin Prob / Eczema / Acne		
Stroke		
Swallowing Disorder		
Thyroid Disease		
TMJ		
Viral Disorder		
Weight Loss or Gain		

Adult Exams / Tests	Date	Results
Complete Physical		
EKG (Cardiogram)		
Hemoccult (Stool blood)		
Cardio Stress Test		
Colon Exam		
MRI		
X-Rays		
Dental		
Other:		

Adult Exams / Tests	Date	Results
Males: Prostate Exam		
PSA Test		
Bone Loss Screen		
Females: Pap Smear		
Breast Exam		
Mammogram		
Last Menses		
Bone Loss Screen		

	Activity Level
	Sedentary: Inactive by choice
	Sedentary: Inactive due to inability
	Light: Light daily work, no regular exercise
	Moderate 1: Sedentary work + exercise 3 x week
	Moderate 2: Light daily work + exercise 3 x week
	Sustained: Moderate daily work + exercise 5 x week
	High: Heavy work + heavy exercise 5 x week
	Heavy: Elite athlete. Heavy workouts 20 hrs/ wk

Rate 0-3	Stressors Affecting Your Life
	Difficulties with work or lifestyle
	Recent change in marital status
	Death or serious illness among family / friends
	Dysfunctional family ❒ past ❒ present
	Personal illness and copying with illness
	Lack of love or fulfilling relationships
	Feeling lonely, disconnected from others
	Lack of prayer / spirituality / inner peace

Review of Systems

For "Past": _ if it applies **For "Now" - Rate 0 - 3:** **0 = Not present 1 = Mild 2 = Moderate 3 = Severe**

Symptoms	Past	Now	Comments
GENERAL IMMUNE			
Frequent Fatigue			
Weight ❒Gain ❒Loss > 10 #			
Hot / Heat Intolerant			
Cold / Cold Intolerant			
Perspire Easily			
Lack of Perspiration			
Frequent Infections			
Immune / Auto-immunity			
History of "Mono"or "EBV"			
Swollen Glands			
ENDOCRINE			
Low body temperatures			
Cold Extremities			
Thyroid Disorder			
Dizzy Upon Standing			
Low Blood Pressure			
SKIN / NAILS			
Acne, Eczema, Dermatitis			
Brown Spots			
Hives / Rashes			
Itching, Burning, Dry			
Oily			
Pale			
White Spots: Loss of Pig ment			
Yellow Tone			
Nails: Brittle, Peeling			
Ridges, white lines			
HEAD & NECK			
Headaches			
Migraines			
Head Injury			
Face / Jaw Pain			
Neck Pain, Stiff Neck			
Hair: Brittle, Dry			
Hair Loss of Color			

Symptoms	Past	Now	Comments
EARS			
Ear Infections			
Hearing Loss			
Itching			
Hard Ear Wax			
Ringing / Tinnitus			
NASAL			
Bleeds			
Burning / Dryness/Crusts			
Sinusitis			
Sense of Smell Loss			
MOUTH / THROAT			
Bleeding Gums			
Bone Loss (Periodontitis)			
Bruxism (Grinding)			
Face / Jaw Pain / TMJ			
Fillings: Silver / Mercury			
Lip Cracks			
Mouth Ulcers			
Swallowing Problems			
Taste Loss			
Tongue coated			
Tongue Fissured			
Voice Hoarse			
DIGESTIVE			
Belching, Bloating, Gas			
Colitis / Irritable Bowel			
Constipation			
Diarrhea			
Gastritis, Pain, Ulcer			
Heartburn, Reflux			
Hemorrhoids/Rectal Bleed			
Liver/Gall Bladder Problem			
Nausea / Vomiting			
Stool: ❒ Dark green			
❒Black ❒Blood			

Hair Loss			
EYES			
Wear Glasses			
Blurred Vision			
Blood Shot			
Burning / Dry / Itching			
Cataracts			
Floaters (see spots)			
Glaucoma / Retina Problems			
Lids Crusty			
Light Sensitive			
Night Blindness			

❒ Mucous ❒ Yellow			
RESPIRATORY			
Asthma			
Bronchitis			
Cancer - Lungs			
Chemically Induced Prob			
Chest Pain			
Colds + Flu (frequency)			
Cough - chronic			
Emphysema			
Exercise Induce Problems			
Shortness of Breath			

Symptoms	**Past**	**Now**	**Comments**
CARDIOVASCULAR			
High Blood Pressure			
Chest Pain			
Dizzy Spells			
Leg Pain With Walking			
Palpitations / Tachycardia			
Stroke			
Varicosities			
MUSCLES & JOINTS			
Arthritis/Joint Pain			
Back Pain / Disc Problems			
Bursitis/Tendonitis			
Muscle Aches / Pains			
Muscle Cramps / Spasms			
Muscle Weakness			
NEUROLOGICAL			
Clumsy			
Convulsions / Seizures			
Fainting Spells			
Neuralgia / Tingling			
Numbness			
Raynaud's			
Spastic Motion / Tremors			
URINARY			
Bladder Infections - frequent			
Blood in Urine			
Frequent Urination			
Incontinence			
Kidney Stones			
Pain, Burning			
BEHAVIOR/PSYCHOLOGY			
Addictions (list)			
Anxiety			
Attention Deficit (ADD)			
Bizarre Behavior			
Depression			
Developmental Delays			

Symptoms	**Past**	**Now**	**Comments**
MALE			
Discharge			
Impotence			
Pain - Testicular			
Prostate Problems			
Weak Urine Stream			
STD's			
FEMALE			
Breasts: Cancer			
Fibrocystic			
Sore			
Endometriosis			
Fibroids / Cysts			
Hormone Replacement			
Hot Flashes			
Cramps			
Heavy Flow			
Irregular			
Infertility			
Peri-menopausal			
Menopausal: Natural			
Surgical			
Night Sweats			
Osteoporosis			
Ovarian/Uterine Cancer			
Painful Intercourse			
Pap Smears - abnormal			
Pre-Menstrual Tension			
Pregnancies: Incomplete			
Full Term			
Sexually Transmitted Dis			
Vaginal: Dryness			
Infection			
Inflammation			
Yeast			
GLUCOSE CONTROL			
Afternoon Drowsiness			

Eating Disorder (list)					Cravings: Butter/Fats			
Fearful / Worrier					Foods (list)			
Hyperactivity / Manic					Ice			
Insomnia					Fatigue After Eating			
Lack of Dream Recall					Hunger Headaches			
Learning Problems					Hunger Irritability			
Memory Problems					Skin Crawling Sensations			
Mood Swings					Symptoms from Foods			
Narcolepsy - Oversleeping					OTHER			
Obsessive / Compulsive					Best time of the day			
Phobias					Worst time of the day			
Schizophrenia					Best season for you			
Suicidal					Worst season for you			