

Name: _____

Reason for visit: _____

Pharmacy: _____

Allergies:

Please list all current allergies and reactions:

Name:	Reaction:

Family History:

Please list history of family illness in your immediate family:

Person:	Maternal:	Paternal:	Illness:

Social History:

Please provide your social history, mark YES or NO and include frequency:

Type:	YES	NO	Never	Former	Frequency/Type
Smoker:					
Alcohol:					
Drugs:					

Medical History:

Please check under the (+) sign if you have had any of the conditions listed below:

Category	+	Disorder/Condition
Cardiovascular		Angina
		Atrial Fibrillation
		Tachycardia-Bradycardia
		Cardiomyopathy
		Chest Pain
		Congestive Heart Failure/ Heart Attack
		Coronary Heart Disease
		Mitral Valve Prolapse
		Heart Murmur
		High Blood Pressure/ Hypertension
		High Cholesterol/ Hypercholesterolemia
		Palpitations
		Rheumatic Heart Disease
		Stroke
Dermatology		Alopecia
		Cellulitis/Abscess
		Dermatitis
		Eczema
		Psoriasis
		Skin Cancer
Endocrine		Diabetes Mellitus: Type I, Type II
		Hyperthyroidism
		Hypothyroidism
		Lupus
		Goiter
		Thyroid Nodule
ENT (Ear, Nose, Throat)		Anosmia/ Change in Sense of Smell
		Chronic Cough
		Deafness
		Dizziness
		Ear Infections
		Earache
		Hearing Loss
		Hoarseness or Change in Voice
		Post Nasal Drainage
		Epistaxis/ Nosebleed

	Sinusitis
	Sore Throat
	Dysphagia/ Swallowing Difficulties
	Tinnitus
	Vertigo
	Vocal Cord Polyps
Gastrointestinal	Abdominal Aortic Aneurysm
	Appendicitis
	Biliary Cirrhosis
	Celiac Disease
	Cholecystectomy/ Gallbladder Removal
	Cholecystitis
	Liver Disease
	Cirrhosis of the Liver
	Diverticulitis
	Diverticulosis
	Epigastric Hernia
	Esophageal Reflux
	GERD/ Gastroesophageal Reflux
	Esophagitis
	Gastric Ulcer
	Hernia
	IBD/ Inflammatory Bowel Disease
	Ulcerative Colitis
Genitourinary	Hematuria
	Hydrocele
	Hydronephrosis
	Polycystic Kidney Disease
	Polyuria
	Prostate Cancer
	Renal Failure
	Sexually Transmitted Disease
	Urinary Tract Infection
Hematology/Oncology	Anemia
	Blood Clots
	Blood Disorder
	Blood Transfusion
	Cancer:
	Coagulation Defects
	Hemophilia

	Hepatitis A, B, C
	Leukemia
	Lymphoma
	Polycythemia
	Sepsis
	Sickle Cell Anemia
	Bruise or Bleed Easily
	Thalassemia
Infection	Bacteremia
	Varicella/ Chicken Pox
	Chlamydia
	Dysentery
	Gangrene
	HIV
	Autoimmune Disorder
	Influenza
	Rheumatic Fever
	Lyme Disease
	Measles
	Meningococcal Infection
	Mononucleosis
	MRSA/ Methicillin Resistant Staphylococcus
	Mumps
	Pseudomonas
	Rubella
	Septic Shock
	Toxic Shock Syndrome
	Tuberculosis
	Type I Herpes Simplex
	Type II Herpes Genitals
Musculoskeletal	Arthritis
	Rheumatoid Arthritis
	Bone Fracture(s): (L/R)
	Bony Deformities:
	Degenerative Disc Disease
	Fibromyalgia
	Osteopenia
	Osteoarthritis
	Osteomyelitis

		Osteoporosis
		Spinal Stenosis
Neurological		Alzheimer's Disease
		Aneurysm
		Bacterial Meningitis
		Cerebral Palsy
		CVA/ Cerebrovascular Accident
		Concussion
		Dementia
		Epilepsy
		Guillain-Barre Syndrome
		Headaches
		Migraine Headaches
		Memory Loss
		Multiple Sclerosis
		Paralysis
		Parkinson's Disease
		Downs Syndrome
		Seizure Disorder
Nutritional		Eating Disorder:
		Obesity
		Vitamin A, B, D, or K Deficiency
Obstetrical		Breast Cancer
		Breast Lump
		Endometriosis
		Fibrocystic Breasts
		Uterine Fibroids
		Ovarian Cysts
Ophthalmology		Blindness L/R/Both
		Color Blindness
		Conjunctivitis
		Corneal Edema
		Deficient Blink Reflex
		Double Vision
		Exophthalmos
		Eye Trauma L/R/Both
		Glaucoma
		Ptosis/ Droopy Eyelid(s) L/R/Both
		Sensitivity to Light
		Strabismus

