

## PAST MEDICAL HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### CURRENT MEDICATIONS :

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### REVIEW OF SYSTEMS ( Circle any that you experienced in the past 6 months )

Headache	Fever/chills	Stomach or belly pain
Dizziness	Unexplained weight loss	Nausea
Loss of vision	Sweats	Vomiting
Double vision	Loss of hearing	Diarrhea
Slurred speech	ringing in ears	Constipation
Trouble swallowing	Sinus drainage	Change in bowel habits
Weakness	Neck pain	Bloody or black stools
Clumsiness	Back pain	Loss of bowel or bladder control
Numbness or tingling	Stiff or swollen joints	Difficulty urinating
Arms / Hands	Muscle pain	Urgent or frequent urination
Legs / Feet	Rashes	Painful urination
Loss of balance or falling	Cough	Sexual difficulties
Trouble walking	Shortness of breath with activity or at night	Abnormal vaginal bleeding
Loss of memory	Heavy snoring	Irregular periods
Nervousness/anxiety	Chest pain or tightness	Sensitivity to cold
Depression	Palpitations	Sensitivity to heat
Fatigue/Loss of pep	Swollen ankle(s)	Easy bruising
Trouble falling asleep	Leg cramps with walking	Excessive bleeding
Trouble staying awake		
Leg cramps / restless legs		
Muscle pain		

PAST HISTORY ... circle all that apply ...

- |                       |                                 |                                 |
|-----------------------|---------------------------------|---------------------------------|
| High blood pressure   | Seizures                        | Blood clots                     |
| Diabetes              | Tuberculosis                    | Depression                      |
| Cancer                | Emphysema or asthma             | Anxiety disorder                |
| Rheumatoid arthritis  | Heart attack or angina          | Other mental illness            |
| Gout                  | Irregular heart beat            | Addiction to alcohol            |
| Thyroid disease       | Abnormal heart valve            | Addiction to other drugs        |
| Osteoporosis          | Aortic aneurysm                 | HIV/AIDS                        |
| Glaucoma              | Poor circulation                | Major trauma (accidents, falls) |
| Migraine headaches    | Ulcers in stomach or intestines | Broken bones                    |
| Loss of consciousness | Kidney problems                 | Prolonged prednisone use        |
| Stroke or TIA         | Liver problems                  | Other _____                     |
| Severe head injury    | Bowel problems                  | Other _____                     |
| Brain aneurysm        | Easy bleeding                   |                                 |

SURGICAL HISTORY ... circle any operations that you have had ...

- |                    |                |               |                        |
|--------------------|----------------|---------------|------------------------|
| Tonsillectomy      | Appendectomy   | Gallbladder   | Carotid endarterectomy |
| Hysterectomy       | Neck operation | Heart surgery | Tubal ligation         |
| Bypass in the legs | Back operation | Brain surgery | Abdominal aneurysm     |
| Bowel surgery      | Gastric bypass | Others _____  |                        |

HOSPITALIZATIONS

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_