

Name _____ Age _____ DOB _____ M F Date _____

GENERAL

past current

- ☐ ☐ Alcohol/drug abuse
- ☐ ☐ Change in appetite
- ☐ ☐ Excessive appetite
- ☐ ☐ Loss of/poor appetite
- ☐ ☐ Strong thirst
- ☐ ☐ Chills
- ☐ ☐ Fever
- ☐ ☐ Fatigue
- ☐ ☐ Insomnia
- ☐ ☐ Dream disturbed sleep
- ☐ ☐ Easily sweats
- ☐ ☐ Night sweats
- ☐ ☐ Decreased libido
- ☐ ☐ Increased libido
- ☐ ☐ Weight loss/gain

HEAD, EYES, EARS

past current

- ☐ ☐ Headaches
- ☐ ☐ Migraines
- ☐ ☐ Dizziness
- ☐ ☐ Fainting
- ☐ ☐ Visual changes
- ☐ ☐ Blurred vision
- ☐ ☐ Poor night vision
- ☐ ☐ Floater/spots
- ☐ ☐ Eye inflammation
- ☐ ☐ Itchy/red eyes
- ☐ ☐ Tearing or dry eyes
- ☐ ☐ Eye pain
- ☐ ☐ Cataracts
- ☐ ☐ Contacts/Glasses
- ☐ ☐ Glaucoma
- ☐ ☐ Decreased hearing
- ☐ ☐ Ear infections
- ☐ ☐ Ringing in ears

NOSE, THROAT AND MOUTH

past current

- ☐ ☐ Allergies
- ☐ ☐ Sinus infections
- ☐ ☐ Nose Bleeds
- ☐ ☐ Grind teeth
- ☐ ☐ Teeth pain
- ☐ ☐ TMJ
- ☐ ☐ Gum problems
- ☐ ☐ Dry mouth
- ☐ ☐ Copious saliva
- ☐ ☐ Mouth sores
- ☐ ☐ Recurring sore throats
- ☐ ☐ Difficulty swallowing
- ☐ ☐ Enlarged lymph glands
- ☐ ☐ Hoarseness

SKIN AND HAIR

past current

- ☐ ☐ Acne
- ☐ ☐ Dryness
- ☐ ☐ Dandruff
- ☐ ☐ Eczema
- ☐ ☐ Hives
- ☐ ☐ Itching
- ☐ ☐ Rashes
- ☐ ☐ Infections
- ☐ ☐ Ulcerations
- ☐ ☐ Lumps, tumors
- ☐ ☐ Hair loss/changes

MUSCULOSKELETAL

past current

- ☐ ☐ Arthritis
- ☐ ☐ Muscle cramps/pain
- ☐ ☐ Weakness
- ☐ ☐ Stiff neck
- ☐ ☐ Shoulder pain
- ☐ ☐ Upper back pain
- ☐ ☐ Low back pain
- ☐ ☐ Rib pain
- ☐ ☐ Sciatica
- ☐ ☐ Joint pain/stiffness
- ☐ ☐ Osteoporosis

NEUROLOGICAL

past current

- ☐ ☐ Pain
- ☐ ☐ Paralysis
- ☐ ☐ Numbness
- ☐ ☐ Tingling
- ☐ ☐ Concussion
- ☐ ☐ Seizures
- ☐ ☐ Tremors
- ☐ ☐ Poor memory
- ☐ ☐ Poor coordination
- ☐ ☐ Loss of balance

RESPIRATORY

past current

- ☐ ☐ Asthma
- ☐ ☐ Bronchitis
- ☐ ☐ COPD Chronic Obstr. pulmonary disease
- ☐ ☐ Pneumonia
- ☐ ☐ Cough
- ☐ ☐ Coughing blood
- ☐ ☐ Frequent colds
- ☐ ☐ Phlegm
- ☐ ☐ Shortness of breath

CARDIOVASCULAR

past current

- ☐ ☐ Heart disease
- ☐ ☐ High blood pressure
- ☐ ☐ Low blood pressure
- ☐ ☐ Poor circulation
- ☐ ☐ Cold hands & feet
- ☐ ☐ Varicose/spider veins
- ☐ ☐ Deep leg pain
- ☐ ☐ Blood clots
- ☐ ☐ Bruises or bleeds easy
- ☐ ☐ Chest pains
- ☐ ☐ Irregular heart beat
- ☐ ☐ Murmurs
- ☐ ☐ Palpitations
- ☐ ☐ Tachycardia
- ☐ ☐ Phlebitis
- ☐ ☐ Tight chest

GASTROINTESTINAL

past current

- ☐ ☐ Bad breath
- ☐ ☐ Belching
- ☐ ☐ Bloating
- ☐ ☐ Gas
- ☐ ☐ Indigestion
- ☐ ☐ Abdominal pain
- ☐ ☐ Nausea
- ☐ ☐ Vomiting
- ☐ ☐ Constipation
- ☐ ☐ Diarrhea/ loose stools
- ☐ ☐ Blood in stools
- ☐ ☐ Black stools
- ☐ ☐ Mucous in stools
- ☐ ☐ Hemorrhoids
- ☐ ☐ Burning anus
- ☐ ☐ Itchy anus
- ☐ ☐ Rectal pain
- ☐ ☐ Gall bladder disorder

GENITO-URINARY

past current

- ☐ ☐ Blood in urine
- ☐ ☐ Frequent urination
- ☐ ☐ Pain while urinating
- ☐ ☐ Urgency to urinate
- ☐ ☐ Incomplete urination
- ☐ ☐ Wakes to urinate
- ☐ ☐ Incontinence
- ☐ ☐ Frequent UTI - Urinary tract infections
- ☐ ☐ Kidney stones