

Please Print and provide complete information.

Name: _____Date: _____

CURRENT MEDICATIONS
If you have a list with you, please give it to the receptionist when you check in.*

Medication Name	Dosage (mg)	How Often

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Do you take prescription **blood thinners**?
☐ Yes
☐ No

If "YES" please indicate which one:

☐ Coumadin
☐ Warfarin
☐ Plavix
☐ Eliquis
☐ Aggrenox

☐ Xarelto
☐ Pradaxa
☐ Other: _____

Do you take **Aspirin**? (Excedrin, Anacin, Baer, etc.)?
☐ Yes
☐ No
Dosage: _____

SURGICAL HISTORY

Surgery	Date	Surgeon

Surgery	Date	Surgeon

Have you ever had a complication with anesthesia?
☐ Yes
☐ No (If yes, please explain below.)

SOCIAL HISTORY

Smoking:
☐ Yes
☐ No
of years: _____Packs per day _____Date Quit _____

Alcohol:
☐ Yes
☐ No
How much? _____

Lives With:
☐ Spouse
☐ Alone
☐ Assisted Living
☐ Nursing Home
☐ Children
☐ Other _____

FAMILY HISTORY

☐ Retinal Detachment
☐ Macular Degeneration
☐ Diabetic Retinopathy
☐ Glaucoma
☐ Cataract
Who? _____

ALLERGIES (especially to medications)
☐ No Known Allergies

Drug / Substance	Reaction

Drug / Substance	Reaction

MEDICAL HISTORY (Past and Current medical conditions)

☐ Arthritis
☐ Blood Clots
☐ Cancer
☐ Depression
☐ Diabetes
☐ Heart Disease
☐ High Blood Pressure
☐ High Cholesterol
☐ Stroke
☐ Thyroid Disease
☐ Other: _____

REVIEW OF SYSTEMS

Constitutional

- ☐ Chills
- ☐ Fatigue
- ☐ Fever
- ☐ Headaches
- ☐ Loss of Appetite
- ☐ Night sweats
- ☐ Weight gain
- ☐ Weight loss
- ☐ Unexplained weight loss

Head/Ear/Nose/Throat

- ☐ Ear ache
- ☐ Hearing loss
- ☐ Jaw claudication
- ☐ Mouth sores
- ☐ Nosebleeds
- ☐ Runny nose
- ☐ Sinus problems
- ☐ Sore throat
- ☐ Stuffy nose

Cardiovascular

- ☐ Hypertension
- ☐ Arrhythmia
- ☐ Chest pain
- ☐ Heart attack
- ☐ Heart murmur
- ☐ Heart trouble
- ☐ Irregular heart beat
- ☐ Racing pulse
- ☐ Shortness of breath
- ☐ Swelling of the feet

Respiratory

- ☐ Congestion
- ☐ Cough
- ☐ Coughing up blood
- ☐ Difficulty breathing
- ☐ Dyspnea on exertion
- ☐ Severe or frequent colds
- ☐ Shortness of breath
- ☐ Sleep apnea
- ☐ Wheezing
- ☐ Wheezing or asthma attacks

Gastrointestinal

- ☐ Abdominal pain
- ☐ Bloody stools
- ☐ Change in bowel movements
- ☐ Constipation
- ☐ Diarrhea
- ☐ Heartburn
- ☐ Jaundice or yellow skin

Gastrointestinal (cont.)

- ☐ Nausea
- ☐ Stomach ulcers
- ☐ Trouble swallowing
- ☐ Vomiting

Genitourinary

- ☐ Bladder trouble
- ☐ Blood in urine
- ☐ Dialysis
- ☐ Frequent urination
- ☐ Genital sores or ulcers
- ☐ Kidney problems
- ☐ Kidney stones
- ☐ Pain or burning on urination
- ☐ Prostatitis
- ☐ Testicular pain
- ☐ Urinary discharge

Psychiatric

- ☐ ADHD
- ☐ Anxiety
- ☐ Autism
- ☐ Bipolar disorder
- ☐ Confusion
- ☐ Dementia
- ☐ Depression
- ☐ Loss of memory
- ☐ PTSD
- ☐ Schizophrenia

Integumentary

- ☐ Bruises
- ☐ Loss of hair
- ☐ Rash
- ☐ Skin lesions
- ☐ Skin sores
- ☐ Skin cancer
- ☐ Severe itching
- ☐ Tick or insect bite

Neurological

- ☐ Dizziness
- ☐ Fainting
- ☐ Headaches
- ☐ Numbness
- ☐ Numbness & tingling
- ☐ Paralysis in parts of body
- ☐ Paralysis of extremities
- ☐ Scalp tenderness
- ☐ Seizures or convulsions
- ☐ Stroke
- ☐ TIA

Neurological (cont.)

- ☐ Tremor
- ☐ Weakness

Musculoskeletal

- ☐ Arthritis
- ☐ Back pain while sleeping or awakening
- ☐ Joint pain
- ☐ Muscle aches
- ☐ Painful or swollen joints
- ☐ Stiffness
- ☐ Swelling

Endocrine

- ☐ Cold intolerance
- ☐ Diabetes
- ☐ Hair loss
- ☐ Heat intolerance
- ☐ Insomnia
- ☐ Loss of menstrual period
- ☐ Thyroid disease

Hematology / Oncology

- ☐ Blood clots
- ☐ Anemia
- ☐ Cancer
- ☐ Frequent or easy bleeding
- ☐ Frequent or easy bruising
- ☐ Phlebitis
- ☐ Received blood transfusion
- ☐ Swollen lymph nodes

Allergy / Immunologic

- ☐ Arthritis
- ☐ Autoimmune disease
- ☐ HIV
- ☐ Immune deficiency
- ☐ Lupus
- ☐ Seasonal allergies
- ☐ Sjogren's syndrome
- ☐ Unspecified