

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	Dosage	How Often?	For Diagnosis of...

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: _____

MEDICAL HISTORY (Past and Current medical conditions)

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

ALLERGIES (especially to medications) No Known Allergies

Drug / Substance	Reaction

Drug / Substance	Reaction

SURGICAL HISTORY

Surgery	Date	Surgeon

Surgery	Date	Surgeon

Have you ever had a complication with anesthesia? Yes No (If yes, please explain on back of page. ->)

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? _____

REVIEW OF SYSTEMS

Constitutional

- Chills
- Fatigue
- Fever
- Night sweats
- Weight gain
- Weight loss
- Unexplained weight loss

Head/Ear/Nose/Throat

- Hearing loss
- Jaw claudication
- Mouth sores
- Sinus problems
- Sore throat

Cardiovascular

- Hypertension
- Arrhythmia
- Chest pain
- Heart attack
- Heart murmur
- Irregular heartbeat
- Racing pulse

Respiratory

- Congestion
- Cough
- Difficulty breathing
- Dyspnea on exertion
- Shortness of breath
- Sleep apnea

Gastrointestinal

- Abdominal pain
- Bloody stools
- Change in bowel movements
- Constipation
- Diarrhea
- Jaundice or yellow skin
- Nausea
- Stomach ulcers
- Vomiting

Genitourinary

- Blood in urine
- Dialysis
- Frequent urination
- Genital sores or ulcers
- Kidney stones
- Pain or burning on urination
- Urinary discharge

Psychiatric

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

Integumentary

- Bruises
- Rash
- Skin sores
- Skin cancer
- 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
- Tremor
- Weakness

Musculoskeletal

- Arthritis
- Joint pain
- Muscle aches
- Painful or swollen joints
- Stiffness
- Swelling

Endocrine

- Cold intolerance
- Diabetes
- Insomnia
- Loss of menstrual period
- Thyroid disease

Hematology / Oncology

- Blood clots
- Anemia
- Cancer
- Frequent or easy bleeding
- Frequent or easy bruising
- Swollen lymph nodes

Allergy / Immunologic

- Autoimmune disease
- HIV
- Immune deficiency
- Lupus
- Sjogren's syndrome