

# MEDICAL HISTORY

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E Mail \_\_\_\_\_

Male  Female  Height \_\_\_\_\_ inch Weight \_\_\_\_\_ lbs

**Using Tobacco**  Chew  Smoke Cigarettes \_\_\_\_\_ packs \_\_\_\_\_ day/yr  
Currently Smoking  Yes  No Quit Date \_\_\_\_\_

**Using Alcohol**  No  Yes Frequency \_\_\_\_\_ Amount \_\_\_\_\_  
Currently Drinking  Yes  No Quit Date \_\_\_\_\_

**Using Caffeine**  No  Yes  Coffee  Tea  Soda  
Frequency \_\_\_\_\_ Amount \_\_\_\_\_

	<u>Doctors Name</u>	<u>Address</u>	<u>Phone Number</u>
Current <input type="checkbox"/>	_____	_____	_____
Referring <input type="checkbox"/>	_____	_____	_____
Current <input type="checkbox"/>	_____	_____	_____
Referring <input type="checkbox"/>	_____	_____	_____
Current <input type="checkbox"/>	_____	_____	_____
Referring <input type="checkbox"/>	_____	_____	_____

**Allergies:** None Known

Check All that Apply:

**Drugs:**  Penicillin  Sulpha \_\_\_\_\_  Tetracycline group  Cipro group  ASA  
 Acetaminophen  Hydrocodone  Oxycodone  Morphine  Codeine

Other Drugs: \_\_\_\_\_

**Foods:**  Dairy  Gluten/ Grains  Nuts  Dyes

Other Foods: \_\_\_\_\_

**Environmental:**  Seasonal  Animals/Pets  Mold  Dust

Describe allergic reaction and when it occurs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Over the counter products used regularly OR occasionally: **(check all that apply)**

Pain Relievers  ASA  Acetaminophen (Tylenol)  Ibuprofen (Motrin)  
 Naproxen (Aleve)  Ketoprofen

Cough/Cold Products

Decongestants

Sleep Aids (Tylenol/Excedrin PM, Unisom, Nytol)

Gastrointestinal drugs  Antacids  Acid blockers  Anti diarrhea  Laxative

Diet Aids/ Weight loss products

Non calorie sweeteners Please list \_\_\_\_\_

## Nutritional/Natural Supplements:

The doctor will need a complete detailed list of everything you take including the name of the company that makes it and the USP or USP and GMP standard (photocopies of labels are not acceptable!)

Vitamins (multiple- need the full name and amount of each component.)

Minerals (calcium, magnesium, manganese, zinc, cobalt, copper, selenium, silicone, boron, vanadium, chromium, molybdenum-(need full name and amount. eg. Calcium Citrate)

Enzymes (papaya, bromelain, digestive formulas)

Nutritional proteins supplements (protein powers, amino acids, omega-3 fish liver oil, flax seed oil)

Others- Glucosamine  Hydrochloride

Complex Chondroitin (source eg. Shark)

Sulfate MSM

**Medical Conditions/Diseases** (Check all that apply)

- Heart Disease       arrhythmia     congestive heart failure     heart attack     Angina  
 cardiomyopathy     atrial fibrillation
- Blood Pressure     high     low     stroke date \_\_\_\_\_ effects \_\_\_\_\_
- Cancer             current – type / location \_\_\_\_\_  
 past –    type / location \_\_\_\_\_  
Treatment -     surgical     chemo     radiation     nutritional     hormonal
- Gastrointestinal     ulcers     reflux     diarrhea     constipation     irregularity     hemorrhoids  
 colitis / Crohn’s disease     hyperacidity     low acid production  
 food allergies / intolerances \_\_\_\_\_
- Respiratory conditions     allergic rhinitis     sinusitis     bronchitis     pneumonia     pleurisy  
 asthma     emphysema
- Diabetic Treatment     diet     activity     oral medicines     insulin
- Blood Clotting Problems     blood thinning medications
- Neurological Problems     headaches     migraine     tension     allergic     cluster  
 balance issue  
 behavior disorders     ADD     ADHD     ODD     OCD  
 Psychiatric     Anxiety     Depression     Bi Polar  
 Schizophrenia     suicide attempts
- Eye Problems     cataracts     glaucoma     macular degeneration
- Hormone problems     thyroid  
 sex hormone (eg. Estrogen, Progesterone, Testosterone, etc.) See: Hormone Symptom Survey and Evaluation
- Other Conditions – please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Current prescription Medications**

Medication Name:	Strength / Start Date / dose/day / Stop Date and Reason