

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_

**PATIENT HISTORY**

Requesting/Primary doctor \_\_\_\_\_

What is the reason or condition that brings you to our office? \_\_\_\_\_

List all of your medical conditions (i.e., diabetes, heart attack, hypertension, stroke, etc). \_\_\_\_\_

List all prior surgeries (include date, facility and surgeon): \_\_\_\_\_

List all medications and dose (aspirin products, herbal , prescription, over the counter, vitamins, etc). \_\_\_\_\_

Allergies to medications?	N	Y	Please list: _____
Allergies to IV dyes.x-ray contrast?	N	Y	Shellfish or iodine? N Y
Do you use tobacco products?	N	Y	Packs per day x years: _____
Are you an ex-smoker?	N	Y	Packs per day x years: _____
Do you drink alcohol?	N	Y	Quantity per week: _____
Occupation: _____			Marital Status: S M D W

Significant family medical history? \_\_\_\_\_

Do you require antibiotic prophylaxis prior to medical/dental procedures? Y N

If so, list the medical condition(s): \_\_\_\_\_

Family history of kidney disease? N Y Explain \_\_\_\_\_ Kidney stones? N Y Explain \_\_\_\_\_

Family history of prostate cancer? N Y Explain \_\_\_\_\_ Bladder cancer? N Y Explain \_\_\_\_\_

Date of last menstrual cycle: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of pregnancies: \_\_\_\_\_

Number of vaginal deliveries: \_\_\_\_\_ Cesarean sections: \_\_\_\_\_

**REVIEW OF SYSTEMS**

**CONSTITUTIONAL SYSTEMS**

Appetite Change N Y Explain \_\_\_\_\_  
 Chills N Y Explain \_\_\_\_\_  
 Fever N Y Explain \_\_\_\_\_  
 Headache N Y Explain \_\_\_\_\_  
 Weight Loss N Y Explain \_\_\_\_\_

**CARDIOVASCULAR**

Angina N Y Explain \_\_\_\_\_  
 Arrhythmia N Y Explain \_\_\_\_\_  
 Endocarditis N Y Explain \_\_\_\_\_  
 Heart Attack N Y Explain \_\_\_\_\_  
 Heart Valve Replacement N Y Explain \_\_\_\_\_  
 High Blood Press N Y Explain \_\_\_\_\_  
 Mitral Valve Prolapse N Y Explain \_\_\_\_\_

**PHARMACEUTICAL**

Anti-inflammatories N Y Explain \_\_\_\_\_  
 Aspirin Products N Y Explain \_\_\_\_\_  
 Coumadin N Y Explain \_\_\_\_\_  
 Glucophage N Y Explain \_\_\_\_\_  
 Nitrates N Y Explain \_\_\_\_\_  
 Persantine N Y Explain \_\_\_\_\_  
 Plavix N Y Explain \_\_\_\_\_

**RESPIRATORY**

Asthma N Y Explain \_\_\_\_\_  
 Chronic Cough N Y Explain \_\_\_\_\_  
 Emphysema/ Bronchitis N Y Explain \_\_\_\_\_  
 Shortness of Breath N Y Explain \_\_\_\_\_  
 Tuberculosis N Y Explain \_\_\_\_\_

**MUSCULOSKELETAL**

Arthritis N Y Explain \_\_\_\_\_  
 Joint Pain N Y Explain \_\_\_\_\_

**ENDOCRINE**

Diabetes N Y Explain \_\_\_\_\_  
 Pituitary Disease N Y Explain \_\_\_\_\_  
 Thyroid Disease N Y Explain \_\_\_\_\_

**GASTROINTESTINAL**

Abdominal Pain N Y Explain \_\_\_\_\_  
 Black Stools N Y Explain \_\_\_\_\_  
 Heartburn N Y Explain \_\_\_\_\_

**SKIN**

Persistent Itching N Y Explain \_\_\_\_\_  
 Unexplained Perspiration N Y Explain \_\_\_\_\_  
 Rash N Y Explain \_\_\_\_\_

**HEMATOLOGICAL**

Bleeding Problem N Y Explain \_\_\_\_\_  
 Blood Transfusions N Y Explain \_\_\_\_\_  
 Hepatitis N Y Explain \_\_\_\_\_  
 HIV (AIDS) N Y Explain \_\_\_\_\_  
 IV Drug Use N Y Explain \_\_\_\_\_  
 Swollen Glands N Y Explain \_\_\_\_\_

**NEUROLOGICAL**

Dizziness N Y Explain \_\_\_\_\_  
 Numbness N Y Explain \_\_\_\_\_  
 Seizures N Y Explain \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_