Ht: ____________________ Wt: ___________________

Review of Symptoms- Please check all that apply to you.

☐ Weight Loss/Gain	☐ Night Sweats	☐ Mood Changes	☐ Bladder Incontinence
☐ Fever	☐ Recent Infections	☐ Poor Sleep	☐ Changes in Appetite
☐ Arm Numbness	☐ Leg Numbness	☐ Fatigue	
☐ Stiffness	☐ Swelling	☐ Muscle Weakness	
☐ Severe Nighttime Pain	☐ Difficulty Walking	☐ Joint Pain	
☐ Difficulty Buttoning Buttons	☐ Rashes	☐ Genital Numbness	
☐ Change in Writing Ability	☐ Bleeding/Bruising	☐ Bowel Incontinence	

☐ Other (Describe) ____

Past Medical History (Please check all that apply to you).

☐ Heart Disease	☐ High Blood Pressure	☐ Diabetes	☐ Kidney Disease	☐ Osteoporosis
☐ Liver Disease	☐ Lung Disease	☐ Ulcers	☐ Acid Reflux	☐ Osteoarthritis
☐ Seizures/Epilepsy	☐ Thyroid Disease	☐ Psychiatric Illness	☐ High Cholesterol	☐ Rheumatoid Arthritis

☐ Cancer (Please Specify): ____

☐ Other (Please Specify): ____

Allergies (Please check all the apply to you and what reaction you had.

☐ Penicillin: reaction________________________	☐ Sulfa: reaction ________________________
☐ Iodine: reaction ________________________	☐ Codeine: reaction ________________________

☐ Other medications: ____

☐ None:

Family History (Please check any disease diagnosed in your blood relatives.

☐ Cancer	☐ Heart Disease	☐ Diabetes	☐ Neck/Low Back Pain	☐ Arthritis
☐ Stroke	☐ Other: ________________________			

Social History (Please answer ALL Questions)

Do you smoke ?	☐ Yes	☐ No	How Much? ________________________	
Do you Drink Alcohol?	☐ Yes	☐ No	How Much/Week? ________________________	
Do you use Illegal Drugs?	☐ Yes	☐ No	How Much/Week? ________________________	
Are you:	☐ Single	☐ Married	☐ Widowed	☐ Separated
	☐ Divorced			
Are you currently working		☐ Yes	☐ No How long have you been not working?	
Highest level of education:	☐ High School		☐ College	☐ GED
Do you live	☐ Alone	☐ With ________________________		
Are you	☐ Employed	☐ Retired	☐ Disabled	

If employed- What is your occupation?

Review Systems: Are you currently having problems with:

General:	Fever	Chills	Fatique	Wt. Loss Wt. Gain	Loss of Appetite	
HEENT:	Stuffy	Runny Nose	Sore Throat	Earache	Nose Bleeds	Visual Changes
Cardiac:	Chest Pain	Tightness	Pressure			
Pulmonary:	Cough	Shortness of Breath		Wheezing		
GI:	Nausea	Heartburn	Cramps	Constipation	Diarrhea Blood in Stool	
GU:	Pain	Increased Frequency		Blood in Urine	Odor	
Neuro:	Headaches	Numbness	Tingling	Shaking	Loss of Balance	
Psychiatric:	Anxiety	Depression				
Ortho:	New Joint Pain					
Skin:	Rash	Lesions				
Endocrine:	Hot Flashes	Diabetes Thyroid				

_________________________________ __________

Signature Date

General:	Fever	Chills	Fatique	Wt. Loss Wt. Gain	Loss of Appetite	
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Cardiac:	Chest Pain	Tightness	Pressure			
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_________________________________ __________

Signature Date

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Signature Date

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_________________________________ __________

Signature Date