

Name: _____ Birthdate: _____ Today's Date: _____

What is the chief complaint for which you came to be treated? _____

Medical History

Please indicate whether you or a family member has had any of the following:

AIDS/HIV	You ___ FM ___	Eye Problems/Glaucoma	You ___ FM ___	Psoriasis	You ___ FM ___
Anemia	You ___ FM ___	Gout	You ___ FM ___	Psychiatric Care	You ___ FM ___
Arthritis	You ___ FM ___	Headaches	You ___ FM ___	Respiratory Disease/COPD	You ___ FM ___
Artificial Heart Valves/Joints	You ___ FM ___	Heartburn/Acid Reflux	You ___ FM ___	Stroke	You ___ FM ___
Asthma	You ___ FM ___	Heart Disease	You ___ FM ___	Swelling in Ankles/feet	You ___ FM ___
Back Problems	You ___ FM ___	Hepatitis/Jaundice	You ___ FM ___	Thyroid Dysfunction	You ___ FM ___
Cancer	You ___ FM ___	High Blood Pressure	You ___ FM ___	Tuberculosis	You ___ FM ___
Chemical Dependency	You ___ FM ___	High Cholesterol	You ___ FM ___	Ulcers	You ___ FM ___
Circulatory Problems	You ___ FM ___	Kidney Problems	You ___ FM ___	Varicose Veins	You ___ FM ___
Colitis/Chrohn's Disease	You ___ FM ___	Liver Disease	You ___ FM ___	Venereal Disease	You ___ FM ___
Diabetes	You ___ FM ___	Neuropathy	You ___ FM ___	Other _____	
Epilepsy/Seizures	You ___ FM ___	Pacemaker/Defib.	You ___ FM ___	_____	

Review of Current Systems

Please review the following carefully and **CIRCLE** any symptom that you may be experiencing:

Constitutional: appetite decrease, appetite increase, chills, dizziness, headaches, hot flashes, migraine, night sweats, sleep problems, thirst, vertigo, weight gain, weight loss;

Cardiovascular: ankle swelling, calf-cramping, change in temp of extremity, cold feet; murmur, pacemaker, varicosities

Endocrine: cold intolerance, cuts take longer to heal, dry hair, dry skin, heat intolerance, hyperglycemia, hypoglycemia;

Ear, Nose, Mouth, Throat: bleeding gums, bloody nasal discharge, cough, difficulty with hearing, dry throat and/or mouth, lost sense of smell, painful teeth, post-nasal drip, ringing in ears, runny nose, tinnitus;

Eyes: blurred vision, discharge, dry eyes, excess tearing/watering, itchy eyes, pain or soreness in or about the eyes, photosensitivity, reddened eye(s);

Gastrointestinal: abdominal pain, abdominal distension, blood in stool, constipation, diarrhea, excess gas, heartburn, nausea;

Genitourinary: blood in urine, burning with urination, discharge, flank pain, herpes outbreak, impotence, polyuria, urinary frequency, urinary incontinence, urinary urgency;

Immunologic: arthritic flare-up, asthma attack recently, coughing, environmental allergies, eyes watering, hay fever symptoms, seasonal allergies;

Integumentary: blisters, burning of skin, dry/scaly skin, eczema, hair loss, hypersensitivity of skin, hypertrophic scars, non-healing wounds, psoriatic flare-up, rash, sunburn, tingling sensation;

Lymphatic: anemia, bleeding tendency, bruise easily, fatigue, frequent nose bleeds, increased time to stop bleeding, recent night sweats, swollen lymph nodes, water retention;

Muscular/Skeletal: abdominal pain, back pain, hip pain, joint redness, joint swelling, leg cramps, morning stiffness, muscle tenderness, stiffness, weakness;

Neurological: burning, facial tick, hypersensitivity, numbness, paralysis, recent seizure, tingling, tremors;

Psychiatric: addiction to alcohol, anger, anxiousness, attempted suicide, claustrophobic, depression, disorientation, emotional or mental abuse, irritability, memory loss, nightmares, overreacting, panic attacks, paranoia, poor anger control;

Respiratory: breathing difficulty, chest pain with inspiration, cold-like symptoms, flu-like symptoms, recent asthma attack, sleep apnea, snoring, wheezing