

Patient Name _____ **Today's Date:** _____

Reason for Visit (chief complaint): _____

Allergies: _____

List All Current Medications

Medication Name	Strength (# Taken Per Day)	Medication Name	Strength (# Taken Per Day)

Vitamins Taken on a Daily Basis (please circle all that apply)

NONE Vitamin A B BComplex C Calcium CoQ10 D E Fish Oil Folic Acid Ginko Biloba
 Glucosamine/Chondroitin I-Cup Iron Lecithin Metabolife MSM Multi-Vitamin OcuVite
 Renal Cups Saw Palmetto Selenium

Past Medical History (please circle all that you have had in the past or currently have)

Abdominal Aortic Aneurysm	High Blood Pressure
Alcoholism	Kidney Disease (Failure, Infections, Stones)
Alzheimer's	Liver Disease (Cirrhosis, Hepatitis)
Anemia	Low Blood Sugar
Arthritis (Osteo, Rheumatoid)	Lung Disease (COPD, Asthma)
Cancer (type) _____	Muscular Dystrophy
CVA/Stroke	Multiple Sclerosis
Depression	Osteoporosis
Diabetes - Type I or Type II	Parkinson's Disease
Elevated Cholesterol	Phlebitis/Blood Clots
Eye Disease (Cataract, Glaucoma, Strabismus)	Polio
Gout	Stomach Problems (Acid Reflux, Ulcers, Crohn's)
Headaches (Migraine, Tension)	Thyroid Disease (Hypo/Hyper)
HIV/AIDS	Other: _____
Heart Disease (Angioplasty, Atrial Fibrillation, Congestive Heart Failure, Heart Attack, Pacemaker)	

Surgical History (please list all surgeries you have had in the past)

General Family History - Please circle all that apply to your *immediate* family (mother, father, sister, brother)

Alcoholism	CVA/Stroke	Emphysema	Kidney Disease	Parkinson's Disease
ALS	Depression	Epilepsy	Migraine	Rheumatic Fever
Alzheimer's	Diabetes	Heart Disease	Multiple Sclerosis	TIA
Cancer _____	Elevated Cholesterol	Hypertension	Osteoporosis	UNKNOWN

Social History: Marital Status: _____ Do you have a Living Will? Yes / No

Occupation: _____ Retired (from what profession) _____

Tobacco Use (please circle one): Currently Use Used in Past Do not use Tobacco

If currently/previously used tobacco: # Packs per Day _____ # Years Smoking _____ # Yrs Quit _____

Alcohol Use (please circle one): Currently Drink Drank in the Past Do not drink Alcohol

If currently/previously drink alcohol (please circle one): Rare Minimal Moderate Heavy Recovering Alcoholic