

Name: _____

Date: _____

Medical History (please circle all that you have had in past or current).

Spine/Bone:

Fractures, dislocations, sprains, neck or back problems, motor vehicle collisions, other traumas.

List/describe:

Neurological:

Seizures, Multiple Sclerosis, Guillain-Barre, ALS, disc bulge, numbness, tingling in arms or legs.

Describe:

Infection:

History of TB, bone, heart valve, kidney, chronic lung, abscesses, skin, hepatitis B or C, HIV/AIDS, Lyme. Other:

Recent fever, chills, night sweats?

Blood Disorder:

anemia, bleeding disorder, other:
Any recent blood thinners?

Heart:

History of high blood pressure, heart attack, angina, valve disorder, arrhythmia, cardiac arrest, defibrillator, pacemaker, congestive heart failure, bypass surgery, myocarditis, heart transplant. Other:

Have you had chest, arm, jaw pain with exercise? Palpations/fainting?

Rheumatologic:

RA, Fibromyalgia, Lupus, Sjogrens, Psoriatic arthritis, Ankylosing Spondylitis, Reiters Syndrome. Other:

Joint swelling or deformity:

Skin:

Cellulitis, psoriasis, hives, cyst, rash, red streak, other:

Mental Health:

Depression, panic attack, anxiety, panic disorder, thoughts or attempts to end your life, other:

History of Drug Abuse.

Yes or No. Details:

Cancer:

List any cancer and dates:

Blood Vessels:

Deep vein thrombosis, arteriosclerosis, Bypass surgery.

Gastrointestinal:

Ulcers, appendix surgery, gall bladder stones, infection, colitis, crohns.

Any changes in stool?

General:

Fatigue, weakness, insomnia, weight loss or gain, other_____ -

Kidney:

Kidney infection, stones.

Changes with urination?

Reproductive Organs:

Male: Prostate, Hernia, Urethra infection

Female: Ovarian cyts, endometriosis, pregnancy complications,
presently pregnant yes No. Menopause yes no Last period:

Hormonal:

thyroid, osteoporosis, diabetes.

Complications: