HEALTH HISTORY

NAME:____________________________________ **Today's Date**:________________________________

Birthdate:__________________ **Referring physician:**__________________

Reason(s) for today's visit?____

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Patient's Past Medical History COMPLETE BOTH SIDES OF FORM

☐ Stroke / TIA	☐ Diabetes	☐ Heart Valve Replacement	☐ Thyroid disease
☐ Migraine	☐ Macular degeneration	☐ Tuberculosis	☐ Sarcoidosis
☐ Multiple sclerosis	☐ Glaucoma	☐ Lung disease	☐ Cancer:__________
☐ Parkinson's disease	☐ Cataract surgery	☐ Liver disease	☐ Currently pregnant
☐ Loss of consciousness	☐ Heart disease	☐ Arthritis	☐ Prostate disease
☐ Epilepsy/seizures	☐ **PACEMAKER**	☐ Lupus	☐ Sickle cell disease
☐ Head injury	☐ High blood pressure	☐ Kidney disease	☐ HIV or other STD
☐ Neuropathy	☐ High cholesterol	☐ Ulcer	☐ Other(s):__________

Other Symptoms (Please List on Back of Page)

Review of Symptoms (Please check any of the following symptoms you are experiencing)

Neurological:			
☐ Double vision	☐ Headache	☐ Vertigo/spinning	☐ Confusion
☐ Blurred vision	☐ Muscle weakness	☐ Dizzy/lightheaded	☐ Memory loss
☐ Eye pain	☐ Speech problems	☐ Walking problems	☐ Tingling /numbness
☐ Eyelid drooping	☐ Swallowing difficulties	☐ Balance problems	☐ Tremors or tics
Cardiovascular:	**ENT:**	**Genitourinary:**	**Psychologic:**
☐ Chest pain	☐ Hearing loss	☐ Incontinence	☐ Depression
☐ Irregular pulse	☐ Ringing in ear(s)	☐ Pain during urination	☐ Anxiety / nervousness
☐ Poor circulation	☐ Nose bleeds	☐ Blood in urine/stool	☐ Hallucinations
☐ Heart murmur	☐ Sinus problems	☐ Frequent urination	☐ Fatigue
General:	**Dermatology:**	**Endocrine:**	**Pulmonary:**
☐ Weight change	☐ Rash	☐ Too hot or cold	☐ Cough
☐ Fever/chills	☐ Birth marks	☐ Breast discharge	☐ Shortness of breath
☐ Sleep disturbance	☐ Skin lesion(s)	☐ Irregular periods	☐ Wheezing
Hematology:	**Gastrointestinal:**	**Gastrointestinal:**	**Musculoskeletal:**
☐ Easy bruising	☐ Abdominal pain	☐ Nausea/vomiting	☐ Neck/low back pain
☐ Anemia	☐ Diarrhea/constipation	☐ Blood in stool	☐ Swollen joints