

PATIENT MEDICAL HISTORY

Name (first, middle, last): _____ Date: _____
 Date of Birth: _____ Age: _____ Height: _____ Weight: _____
 Marital Status: Single Married Separated Divorced Widowed N/A
 Occupation: _____ Homemaker Student Unemployed
 Primary Care Dr: _____ Referring Dr: _____

CHIEF COMPLAINT

Reason for visit (Body Part)? _____ Date of Injury/Onset of Problem: _____
 How did your injury occur? _____
 Did your injury occur at? Home School Work Sports/recreational other: _____
 Is the injury related to a motor vehicle accident? YES NO If YES, were you: Driver Passenger Pedestrian Cyclist
 Other: _____
 Were you seen in the Emergency Room, Urgent Care, or by any physician? Yes No If YES, where and when?

 Are you right- or left-hand dominant? Right Left
PAIN SCALE *please rate the intensity of your pain on a scale of 1 to 10, 0 = no pain, ten = extreme pain.* _____
 What makes the pain worse? _____ What decreases the pain? _____

REVIEW OF SYSTEMS *Please circle any symptoms you are currently experiencing or being treated for.*

Const. (Health in General) No Problems

Lack of energy, unexplained weight gain or weight loss, loss of appetite, fever, night sweats, prior diagnosis of cancer.

Ears, Nose, Mouth & Throat No Problems

Difficulty with hearing, sinus problems, ringing in ears, mouth sores, loose teeth, ear pain, nosebleeds.

C-V (Heart & Blood Vessels) No Problems

Irregular heartbeat, A- Fib, racing heart, chest pains, swelling of feet or legs, pain in legs with walking.

Resp. (Lungs & Breathing) No Problems

Shortness of breath, prolonged cough, wheezing, prior tuberculosis, pleurisy, coughing up blood, abnormal chest x-ray.

GI & GU (Stomach, Intestines, Kidney & Bladder) No Problems

Heartburn, constipation, intolerance to certain foods, diarrhea, abdominal pain, difficulty swallowing, nausea, vomiting, blood in stools, unexplained change in bowel habits, incontinence, prostate problems, bladder problems, impotence.

MS (Muscles, Bones, Joints) No Problems

Joint pain, aching muscles, shoulder pain, swelling of joints, joint deformities, back pain.

Integ. (Skin, Hair & Breast) No Problems Rash, itching, skin lesion(s), hair loss or increase, breast changes.

Neurologic (Brain & Nerves) No Problems

Frequent headaches, weakness, change in sensation, problems with walking or balance, dizziness, tremor, loss of consciousness, uncontrolled motions, seizures.

Psychiatric (Mood & Thinking) No Problems

Insomnia, irritability, depression, anxiety, recurrent bad thoughts, mood swings, hallucinations, compulsions.

Endocrine (Glands) No Problems

Intolerance to heat or cold, menstrual irregularities, frequent hunger/urination/thirst, changes in sex drive.

Hematologic (Blood/Lymph) No Problems

Easy bleeding, easy bruising, anemia, abnormal blood tests, leukemia, unexplained swollen areas.

Allergic/Immunologic No Problems

Seasonal allergies, hay fever symptoms, itching, frequent infections, exposure to HIV.

OTHER SYMPTOMS NOT DESCRIBED ABOVE: _____

Please turn over and complete the next page →

