PAST MEDICAL HISTORY (Please check all that apply)

CARDIAC:	[ ] Heart Attack	[ ] Murmur	[ ] Abnormal Rhythm	[ ] Other: _____
PULMONARY:	[ ] Asthma	[ ] COPD	[ ] Emphysema	[ ] Other: _____
ENDOCRINE:	[ ] Diabetes	[ ] Hypothyroid	[ ] Pituitary Tumor	[ ] Other: _____
CIRCULATORY:	[ ] Hypertension	[ ] Stroke	[ ] Aneurysm	[ ] Other: _____

PAST SURGICAL HISTORY (Please list type, date, Surgeon/Hospital)

_____ _____

_____ _____

_____ _____

MEDICATIONS:

MEDICATION	**DOSAGE**	**FREQUENCY**	**DURATION TAKEN**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES: _____

FAMILY HISTORY: (Please check and indicate which parent/sibling with year of illness/death)

CARDIAC:	[ ] Heart Attack	[ ] Hypertension		_____
PULMONARY:	[ ] Asthma	[ ] COPD	[ ] Emphysema	_____
ENDOCRINE:	[ ] Diabetes	[ ] Hypothyroid		_____
NEUROLOGIC:	[ ] Stroke	[ ] Aneurysm	[ ] Tumor	_____
CANCER:	[ ] Lung	[ ] Breast	[ ] Intestinal	_____
OTHER:	_____			_____

SOCIAL HISTORY:

Occupation: _____ How long? _____ Date Unemployed: _____
Substance Use (Amount/Frequency) Tobacco: _____ Alcohol _____ Other: _____

REVIEW OF SYSTEMS (Please check all that apply):

NEUROLOGIC:	[ ] Headache	[ ] Dizziness	[ ] Memory	[ ] Numbness	Other: _____
EYES:	[ ] Glasses	[ ] Contacts	[ ] Blurriness	[ ] Double Vision	Other: _____
EARS/THROAT:	[ ] Deafness	[ ] Ringing	[ ] Swallowing	[ ] Hoarseness	Other: _____
CARDIAC:	[ ] Chest Pain	[ ] Skip Beats	[ ] Rapid Beat	[ ] Edema	Other: _____
PULMONARY:	[ ] Cough	[ ] Cough Blood	[ ] Wheezing	[ ] Short Breath	Other: _____
INTESTINAL:	[ ] Constipation	[ ] Diarrhea	[ ] Incontinence	[ ] Bleeding	Other: _____
URINARY:	[ ] Frequency	[ ] Burning	[ ] Incontinence	[ ] Bleeding	Other: _____
MUSCULOSKEL:	[ ] Pain	[ ] Weakness	[ ] Arthritis	[ ] Cane/Walker	Other: _____
ENDOCRINE:	[ ] Weight Gain	[ ] Weight Loss			Other: _____
SKIN:	[ ] Bruising	[ ] Lesions	[ ] Birth Marks		Other: _____
HEMOTOLOGIC:	[ ] Bleeding	[ ] Transfusion	[ ] Hepatitis		Other: _____
PSYCHIATRIC:	[ ] Depression	[ ] Insomnia	[ ] Fatigability		Other: _____

SIGNATURE: _____ **DATE:** _____