# MEDICAL HISTORY



## Patient:

Please answer ALL questions completely. Return to the front desk when finished. Have you ever experienced (PAST or PRESENT) any of the following conditions:

| # | Question | Explanation | Y | N | ? | N/A |
|---|---|---|---|---|---|---|
| 1. | Heart condition | | ○ | ○ | ○ | ○ |
| 2. | Chest pain (angina) | | ○ | ○ | ○ | ○ |
| 3. | High Blood Pressure | | ○ | ○ | ○ | ○ |
| 4. | Low Blood Pressure | | ○ | ○ | ○ | ○ |
| 5. | Rheumatic Fever | | ○ | ○ | ○ | ○ |
| 6. | Heart murmur / Mitral Valve Prolapse (MVP) | | ○ | ○ | ○ | ○ |
| 7. | Swollen Ankles | | ○ | ○ | ○ | ○ |
| 8. | Shortness of Breath | | ○ | ○ | ○ | ○ |
| 9. | Convulsion / Epilepsy | | ○ | ○ | ○ | ○ |
| 10. | Artificial Heart Valve | | ○ | ○ | ○ | ○ |
| 11. | Tuberculosis - TB (or have lived with someone with TB?) | | ○ | ○ | ○ | ○ |
| 12. | Asthma | | ○ | ○ | ○ | ○ |
| 13. | Persistent Cough | | ○ | ○ | ○ | ○ |
| 14. | Bronchitis | | ○ | ○ | ○ | ○ |
| 15. | Emphysema - Chronic Obstructive Pulmonary Disease (COPD) | | ○ | ○ | ○ | ○ |
| 16. | Hayfever | | ○ | ○ | ○ | ○ |
| 17. | Recent Cough | | ○ | ○ | ○ | ○ |
| 18. | Nervous or Psychiatric Disorder | | ○ | ○ | ○ | ○ |
| 19. | Dizziness | | ○ | ○ | ○ | ○ |
| 20. | Recreational Drugs (marijuana, cocaine, heroin, crack, etc) | | ○ | ○ | ○ | ○ |
| 21. | Bladder infection or Incontinence | | ○ | ○ | ○ | ○ |
| 22. | Kidney Disease | | ○ | ○ | ○ | ○ |
| 23. | Glaucoma | | ○ | ○ | ○ | ○ |
| 24. | Transfusion or Recent Blood Donation | | ○ | ○ | ○ | ○ |
| 25. | Are you pregnant? How many weeks? | | ○ | ○ | ○ | ○ |
| 26. | Diabetes | | ○ | ○ | ○ | ○ |
| 27. | Other Endocrine problems (such as thyroid abnormalities) | | ○ | ○ | ○ | ○ |
| 28. | Anemia | | ○ | ○ | ○ | ○ |
| 29. | Bleeding Disorder | | ○ | ○ | ○ | ○ |
| 30. | Splenectomy | | ○ | ○ | ○ | ○ |
| 31. | HIV / AIDS / ARC | | ○ | ○ | ○ | ○ |
| 32. | Have you ever taken Cortisone, Prednisone or other steroid or anti-rejection medicine (pills or injection)? | | ○ | ○ | ○ | ○ |
| 33. | Are you taking anticoagulants (Blood Thinners)? | | ○ | ○ | ○ | ○ |
| 34. | Are you or have you taken tranquilizers, sedatives or antipsychotics? | | ○ | ○ | ○ | ○ |
| 35. | Are you taking medication/s for high blood pressure or heart disease? Please list the medication/s | | ○ | ○ | ○ | ○ |

To the best of my knowledge, all of the preceding answers are true and correct. I also had an opportunity to discuss my health history with the Dr.

# MEDICAL HISTORY



## Patient:

Please answer ALL questions completely. Return to the front desk when finished. Have you ever experienced (PAST or PRESENT) any of the following conditions:

| # | Question | Explanation | Y | N | ? | N/A |
|---|---|---|---|---|---|---|
| 36. | Do you have any allergies, including allergies to medicines? Please list. | | ○ | ○ | ○ | ○ |
| 37. | Do you have nose breathing difficulties? | | ○ | ○ | ○ | ○ |
| 38. | Do you have or have you had jaw joint or TMJ related problems? | | ○ | ○ | ○ | ○ |
| 39. | Have you ever had prolonged bleeding following any surgery? | | ○ | ○ | ○ | ○ |
| 40. | Have you ever had or have hepatitis or liver problems? | | ○ | ○ | ○ | ○ |
| 41. | Have you ever had or have cancer or any form of tumor? Please explain and describe treatment (past or present). | | ○ | ○ | ○ | ○ |
| 42. | Do you smoke: If yes, how many packs a day or week? | | ○ | ○ | ○ | ○ |
| 43. | Do you wear contact lenses? | | ○ | ○ | ○ | ○ |
| 44. | Have you ever been put to sleep for a medical procedure? | | ○ | ○ | ○ | ○ |
| 45. | Do you have a history or family history of a muscle disease? | | ○ | ○ | ○ | ○ |
| 46. | Have you seen a physician in the last year? | | ○ | ○ | ○ | ○ |
| 47. | List any medical condition/s or illness not mentioned in this questionaire. | | ○ | ○ | ○ | ○ |
| 48. | List any surgeries or hospitalizations you had in the past. | | ○ | ○ | ○ | ○ |
| 49. | Including herbal and natural products list all medicines you are currently taking | | ○ | ○ | ○ | ○ |
| 50. | Are you taking or have you taken bisphosphonates (such as Fosamax, Boniva, Actonel, Aredia, Bondromat, Zometa) for osteoporosis or bone related conditions? | | ○ | ○ | ○ | ○ |
| 51. | Have you ever taken Redux or Fen-Phen for weight loss? | | ○ | ○ | ○ | ○ |
| 52. | **I UNDERSTAND THE IMPORTANCE OF A TRUTHFUL HEALTH HISTORY TO ASSIST THE DOCTOR IN PROVIDING THE BEST CARE POSSIBLE.** | | | | | |

To the best of my knowledge, all of the preceding answers are true and correct. I also had an opportunity to discuss my health history with the Dr.

Signature of Patient or Guardian _____ Date_____