Name:		Date:	
Is today's visit due to: Illness Ad Job related □ Yes □ No Aut	ccident Injury Other omobile related? □ Yes □ No		
How did your symptoms begin?			
What activities <u>improve or relieve</u>	your symptoms?		
Medicine/supplements currently tak	king?		
List past Surgeries/Injections:			
-		ves, by whom?	
	e provider's care for any other probl		
Do you smoke? ☐ Yes ☐ No	D Never Packs per day?	How many years?	
		per week? often?	
Do you use recreational drugs?	ies 🗆 No 🗀 Never How o	onen:	
CHRONIC ILLNESSES (Check	the disorders that you currently ha	ave) fill in type of condition on line ne	xt to illness
☐ Alcoholism/Substance Abuse	☐ Epilepsy or Seizures	☐ Herpes	☐ MultipleSclerosis
□ AIDS/HIV/ARC	□ Fibromyalgia	☐ Hypertension	□ Polio
☐ Anemia	□ Gout	☐ Kidney Disease	☐ Rheumatic Fever
☐ Asthma	☐ Hayfever	☐ Mental Illness	
☐ Cancer	☐ Heart Disease	☐ Migraine Headaches	☐ Thyroid Disease
☐ Diabetes	☐ Heart Failure	☐ Miscarriages/Abortions	☐ Tuberculosis
□ Emphysema	☐ Hepatitis	_ ☐ Mitral Valve Prolapse	□ Ulcers
PLEA		SYMPTOMS WHICH YOU HAVE N TONS YOU PREVIOUSLY HAD.	<u>IOW</u>
eneral	Eyes-Ears-Nose-Throat	Gastrointestinal	G '4 '
onvulsions	Deafness or hearing loss	Abdominal distention	<u>Genitourinary</u> Bedwetting
izziness or fainting	Ear Discharge	Constipation	Blood in urine
nvironmental allergies	Ear noises	Diarrhea	Difficulty urinating
atigue easily	Earache or ear pain	Food eruptions/reflux	Frequent urination
eadaches	Eye infections	Gallbladder trouble	Incontinence
oss of balance erve pain	Eye pain	Hemorrhoids	Kidney infection/stones
ervousness or anxiety	Frequent colds	Irritable bowel syndrome Liver problems	Painful urination
light sweats	Frequent sore throats	Spastic colons	Pus in urine
. 6	Nasal discharge Nosebleeds	Stomach pain	Sexual transmitted diseas
<u> Iuscle/Joint</u>	Sinus infections	Ulcer disease	
rthritis/rheumatism	Sinds infections	o roor discuse	
ursitis	Heart	Respiratory	Clain
ow back pain	Chest pain/angina	Asthma	<u>Skin</u> Acne
eck pain/stiffness	Hardening of the arteries	Chronic cough	Easy bruising
ain between shoulders	Heart attack	Difficulty breathing	Eczema
ain / numb / tingle in: elbows □ hands	High blood pressure	Pain when breathing Shortness of breath	Hives
shoulders \square arms	Low blood pressure Palpitations	Spitting up blood	Rashes
hip □ legs	Phlebitis	Spitting up phlegm	Skin dryness Skin oiliness
knees feet	Poor circulation	Wheezing	Varicose veins
ciatica	Rapid heart beat		varieose veins
coliosis	Rheumatic heart disease	Women only	Men only
wollen joints	Skipped heart beats	Breast lumps or pain	Impotence
remors	Slow heart beats	Excessive menstrual flow	Prostate
Veakness	Swelling of ankles/legs	Menopausal symptoms Hot flashes	
		Irregular menstrual cycle	
		Menstrual cramps	
MILY HISTORY			
N/A Diabetes Heart K	idneys Cancer Back Problems	Other	
other 🗆 🗆 🗆		□ □	
ther		□	
other \square \square			