Medical History Form

The purpose of this form is to understand your past and present medical history.

Primary Reason for coming in for treatment? (Chief Complaint) ie: Pain, headache, etc.

Anything make it better or worse? ie: Heat, ice, rest, activities

Do you have any other issues that you want addressed.

Tell Us About Your Past Medical History

Please Mark The Check Box If You Previously Suffered From These Conditions.

- ☐ Asthma
- ☐ Arteriosclerosis
- ☐ Colitis
- ☐ Epilepsy/Seizures
- ☐ Fibromyalgia
- ☐ Gout
- ☐ Hepatitis C
- ☐ HIV
- ☐ Hyper Thyroid
- ☐ Pacemaker
- ☐ Kidney Stones
- ☐ Tuberculosis
- ☐ Anemia
- ☐ Bronchitis
- ☐ Chronic Fatigue
- ☐ Diabetes Type 1
- ☐ Gallstones
- ☐ Heart Disease
- ☐ Hypertension
- ☐ Herpes Simplex
- ☐ Hypo Thyroid
- ☐ Mumps
- ☐ Rheumatic Fever
- ☐ Ulcers
- ☐ Appendicitis
- ☐ Depression
- ☐ Diabetes Type 2
- ☐ High Cholesterol
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Paralysis
- ☐ Pneumonia
- ☐ Physical Abuse
- ☐ Reynaud's Disease
- ☐ Stroke
- ☐ Uterine Fibroids

Addictions

Cancer? What Type?

Hospitalization, Operations and Significant Traumas

Your Family's Medical History

Cancer

Diabetes

Heart Disease

Mental Disease

Head, Eyes, Ears, Nose & Throat Symptoms

- [ ] Dry Eyes
- [ ] Red Eyes
- [ ] Blurry Vision
- [ ] Poor Night Vision
- [ ] Floaters
- [ ] Eye Strain
- [ ] Difficult to Focus
- [ ] Cataracts
- [ ] Glasses/Contacts
- [ ] Ear Ringing: High Pitch
- [ ] Ear Ringing: Low Pitch
- [ ] Poor Hearing
- [ ] Block Sinus
- [ ] Grinding Teeth
- [ ] Dental Problems
- [ ] Hoarse Voice
- [ ] Headaches
- [ ] Concussion
- [ ] Mouth Sores/Ulcers
- [ ] Migraines
- [ ] Nose Bleeds
- [ ] TMJ
- [ ] Facial Pain
- [ ] Ear Aches
- [ ] Sore Throat
- [ ] Plum Pit Feeling in Throat
- [ ] Excess Saliva

Tell Us About You Lifestyle

Diet

Exercise

Mark The Ones That Describe You

- [ ] Sleep After Midnight
- [ ] Drink Coffee Often
- [ ] Drink Soda Often
- [ ] Smoke Tobacco Daily
- [ ] Smoke Marijuana Often
- [ ] Drink Alcohol Often

Recreational Drugs?

Stress Level

Current State of Health

My Body Temperature Feels?

- [ ] Hot
- [ ] Cold
- [ ] Normal

General Symptoms

- [ ] Edema
- [ ] Bruise Easy
- [ ] Chills
- [ ] Fever
- [ ] Body Aches
- [ ] Aversion To Wind
- [ ] Aversion To Cold
- [ ] Aversion To Heat
- [ ] Strong Thirst
- [ ] Low Thirst
- [ ] Poor Appetite
- [ ] Night Sweats
- [ ] Insomnia
- [ ] Fatigue
- [ ] Nasal Congestion
- [ ] Foggy Headed
- [ ] Dizziness
- [ ] Short Of Breath

Cardiovascular Symptoms, Signs & Diseases

- [ ] High Blood Pressure
- [ ] Low Blood Pressure
- [ ] Irregular Heart Beat
- [ ] Heart Beating Fast
- [ ] Heart Palpitations
- [ ] Cold Hand/Feet
- [ ] Swelling of Hand/Feet
- [ ] Phlebitis
- [ ] Chest Pain
- [ ] Fainting
- [ ] Left Arm Pain
- [ ] Varicose Veins

Respiratory Signs & Symptoms

- [ ] Dry Cough
- [ ] Wet Cough
- [ ] Bronchitis
- [ ] Phlegmy
- [ ] Pneumonia
- [ ] Asthma
- [ ] Pain When Breathing Deep
- [ ] Short of Breath
- [ ] Chest Tightness
- [ ] Post Nasal Drip
- [ ] Labored Breathing
- [ ] Breath Feels Hot

GastroIntestinal

- [ ] Nausea
- [ ] Constipation
- [ ] Diarrhea
- [ ] Gas
- [ ] Bloating
- [ ] Abdominal Pain/Cramp
- [ ] Hiccup
- [ ] Acid Regurgitation
- [ ] Belching
- [ ] Indigestion
- [ ] Bad Breath
- [ ] Rectal Pain
- [ ] Anal Fissures
- [ ] Itchy Anus
- [ ] Hemorrhoids

Genitourinary

- [ ] Frequent Urination
- [ ] Wakes Up To Urinate
- [ ] Urinary Tract Infection
- [ ] Incomplete Urination
- [ ] Decrease Flow
- [ ] Kidney Stones
- [ ] Unable to Hold Urine
- [ ] Impotence (Men)
- [ ] Enlarged Prostate (Men)
- [ ] Smelly Urine
- [ ] Premature Ejaculation
- [ ] Gental Itching
- [ ] Low Semen Volume (Men)
- [ ] High Libido
- [ ] Low Libido

Gynecological & Obstetrics (Women Only)

- [ ] Currently Pregnant
- [ ] Irregular Menses
- [ ] Menstrual Clots
- [ ] No Menstrual Cycle
- [ ] Endometriosis
- [ ] Ovarian Cysts
- [ ] PCOS
- [ ] PMS
- [ ] PID
- [ ] Uterine Fibroids
- [ ] Vaginal Sores
- [ ] Frequent Yeast Infections

Gynecological

Last Menstrual Period

Date of Last PAP

Age Menses Started

Number of Days Between Periods?

How Many Days Do You Bleed (During Period)?

Menstrual Blood Clots

Obstetrics

How many months pregnant?

Previous Live Births?

Musculoskeletal

What Areas Are Painful?

- ☐ Head
- ☐ Neck
- ☐ Shoulder
- ☐ Upper Back
- ☐ Middle Back
- ☐ Lower Back
- ☐ Ribs
- ☐ Wrist
- ☐ Hip
- ☐ Upper Leg
- ☐ Side of Leg
- ☐ Lower Leg
- ☐ Knee
- ☐ Ankle
- ☐ Foot
- ☐ Fingers
- ☐ Toes
- ☐ Groin
- ☐ General Muscle Weakness
- ☐ Muscle Tightness
- ☐ Full Body Aches/Pain

Neuropsychological

Do You Feel Numbness?

- ☐ Face
- ☐ Shoulder
- ☐ Arms
- ☐ Wrists
- ☐ Fingers
- ☐ Toes
- ☐ Legs
- ☐ Ankles
- ☐ Foot

Frequent Emotions

- ☐ Fear
- ☐ Grief
- ☐ Worried
- ☐ Depression
- ☐ Anxiety
- ☐ Anger
- ☐ Suicidal
- ☐ Irritable
- ☐ Manic

General Symptoms

- ☐ Dizziness
- ☐ Loss of Balance
- ☐ Lack of Coordination
- ☐ Memory Loss
- ☐ Tremors
- ☐ Panic Attacks

Anything We Missed or You Want To Tell Us?