

MEDICAL HISTORY

| | Yes | No | | Yes | No | | Yes | No |
|---------------------|-----|----|-------------------|-----|----|-----------------------|-----|----|
| Atrial Fibrillation | | | Depression | | | Myocardial Infarction | | |
| Anemia | | | Diabetes Mellitus | | | Nerve/muscle disease | | |
| Anxiety | | | Emphysema | | | Osteoporosis | | |
| Arthritis | | | GERD | | | Seizures | | |
| Asthmas | | | Glaucoma | | | Sickle Cell Anemia | | |
| Blood Transfusion | | | Heart Murmur | | | Stroke | | |
| Cancer | | | HIV/AIDS | | | Substance Abuse | | |
| Cataracts | | | High Cholesterol | | | Thyroid Disease | | |
| CHF | | | Hypertension | | | Tuberculosis | | |
| Clotting Disorder | | | Kidney Disease | | | COPD | | |
| Meningitis | | | | | | | | |

SURGICAL HISTORY

| | Yes | No | | Yes | No | | Yes | No |
|-------------------------------|-----|----|------------------------|-----|----|-------------------------|-----|----|
| Appendectomy | | | ENT Surgery | | | Prostate Surgery | | |
| AICD (defibrillator) | | | Esophagus Surgery | | | Radical Neck Dissection | | |
| Back Surgery | | | Gastrostomy | | | Radical Neck Dissection | | |
| Brain Surgery | | | Hernia Repair | | | TAH (hysterectomy) | | |
| CABG (heart bypass) | | | Hip Surgery | | | TAH-BSO (+Ovaries) | | |
| Cardiac Angioplasty/Stenting | | | Hysterectomy | | | Thyroid surgery | | |
| C-Section | | | Joint Surgery | | | Tonsillectomy | | |
| Cataract Removal/IOL implant | | | Heart Surgery | | | Tracheostomy | | |
| Cholecystectomy (gallbladder) | | | ORIF (Hip replacement) | | | Tubal Ligation | | |
| Colon Surgery | | | Pacemaker | | | TURP | | |
| Colostomy | | | Portacath | | | Valve Replacement | | |

Family History – please check all that apply

| | | | | | | | | |
|----------|--------------------------|--------------|--------------------------|-------------|--------------------------|-----------------|--------------------------|--------------------|
| Mother | <input type="checkbox"/> | Colon Cancer | <input type="checkbox"/> | Colon Polyp | <input type="checkbox"/> | Crohn's Disease | <input type="checkbox"/> | Ulcerative Colitis |
| Father | <input type="checkbox"/> | Colon Cancer | <input type="checkbox"/> | Colon Polyp | <input type="checkbox"/> | Crohn's Disease | <input type="checkbox"/> | Ulcerative Colitis |
| Children | <input type="checkbox"/> | Colon Cancer | <input type="checkbox"/> | Colon Polyp | <input type="checkbox"/> | Crohn's Disease | <input type="checkbox"/> | Ulcerative Colitis |
| Brother | <input type="checkbox"/> | Colon Cancer | <input type="checkbox"/> | Colon Polyp | <input type="checkbox"/> | Crohn's Disease | <input type="checkbox"/> | Ulcerative Colitis |
| Sister | <input type="checkbox"/> | Colon Cancer | <input type="checkbox"/> | Colon Polyp | <input type="checkbox"/> | Crohn's Disease | <input type="checkbox"/> | Ulcerative Colitis |

Please check any of the following issues or complaints you may have.

| | | | |
|---|--|---|--|
| <p>Constitution</p> <p>Fever ()</p> <p>Chills ()</p> <p>Weight loss ()</p> <p>Malaise/fatigue ()</p> <p>Diaphoresis ()</p> <p>Weakness ()</p> | <p>Eyes</p> <p>Blurred vision ()</p> <p>Double vision ()</p> <p>Photophobia ()</p> <p>Eye Pain ()</p> <p>Eye discharge ()</p> <p>Eye redness ()</p> | <p>GI</p> <p>Heartburn ()</p> <p>Nausea ()</p> <p>Vomiting ()</p> <p>Abdominal pain ()</p> <p>Diarrhea ()</p> <p>Constipation ()</p> <p>Blood in stool ()</p> <p>Melena ()</p> | <p>Endo/Heme/Aler</p> <p>Easy bruise/bleed ()</p> <p>Env. Allergies ()</p> <p>Polydipsia ()</p> |
| <p>Skin</p> <p>Rash ()</p> <p>Itching ()</p> | <p>Cardiovascular</p> <p>Chest pain ()</p> <p>Palpitations ()</p> <p>Orthopnea ()</p> <p>Claudication ()</p> <p>Leg Swelling ()</p> <p>PND ()</p> | <p>GU</p> <p>Dysuria ()</p> <p>Urgency ()</p> <p>Frequency ()</p> <p>Hematuria ()</p> <p>Flank pain ()</p> | <p>Neurological</p> <p>Dizziness ()</p> <p>Tingling ()</p> <p>Tremor ()</p> <p>Sensory Change ()</p> <p>Focal weakness ()</p> <p>Seizures ()</p> <p>LOC ()</p> |
| <p>Hent (head,ear,nose,throat)</p> <p>Headaches ()</p> <p>Hearing loss ()</p> <p>Tinnitus ()</p> <p>Ear Pain ()</p> <p>Ear discharge ()</p> <p>Nosebleeds ()</p> <p>Congestion ()</p> <p>Stridor ()</p> <p>Sore throat ()</p> | <p>Respiratory</p> <p>Cough ()</p> <p>Hemoptysis ()</p> <p>Sputum production ()</p> <p>Shortness of breath ()</p> <p>Wheezing ()</p> | <p>MS</p> <p>Myalgias ()</p> <p>Neck pain ()</p> <p>Back pain ()</p> <p>Joint pain ()</p> <p>Falls ()</p> | <p>Psychiatric</p> <p>Depression ()</p> <p>Suicidal ideas ()</p> <p>Substance abuse ()</p> <p>Hallucinations ()</p> <p>Nervous/Anxious ()</p> <p>Insomnia ()</p> <p>Memory loss ()</p> |