Please indicate the reason for your appointment:	Name:	Date:

Current medications, including over the counter preparations, you have taken recently.
Please indicate how many mg per dose and how many doses per day.

Drug allergies (if so, describe type of reaction):

Any medical conditions / illnesses?

Any surgeries, hospitalizations?

Any recent x-rays or other tests?

Pharmacy name and phone #

Do you smoke? How much?

Did you ever smoke? For how long?

Do you drink alcohol? How much?

Do you use recreational drugs?

Do you exercise? How much?

Date of last menses:
Could you be pregnant?

Are you RIGHT or LEFT handed?

Height Weight

Does anyone in your family have any of the following?
If so, specify which family member (e.g. mother, sibling, children, etc.)

Heart disease	Stroke
High blood pressure	Dementia
Diabetes	Muscle disorder
Cancer (what organ)	Sensory disorder
Arthritis	Incoordination
Kidney disease	Seizures
Thyroid disease	Headaches
Brain tumors	Mental illness
Aneurysm	Attention deficit / hyperactivity

Age of mother and father (if deceased, state cause):

Comments

Have you recently experienced any of the following? (Please circle if yes and use the bottom of this page to elaborate when pertinent)

Hives	Vision Loss	Loss of strength	Weight Gain	Constipation
Rash	Light sensitivity	Incoordination	Body aches	Ear pain
Seasonal allergies	Double vision	Memory loss	Incontinence	Hearing loss
New allergy	Depression	Neck Pain	Painful Urination	Sinus pain
Rash	Anxiety	Back Pain	Frequency	Abnormal bleeding
Itching	Hallucinations	Muscle Pain	Excessive Thirst	Abnormal bruising
Lesions	Sleep disturbances	Muscle aches	Heat Intolerance	Enlarged lymph nodes
Tick bite	Headaches	Joint pain	Cold Intolerance	Chest congestion
Chest Pain	Tremors	Shooting arm pain	Excessive urination	Shortness of breath
Palpitations	Dizziness	Shooting leg pain	Excessive sweating	Wheezing
Leg edema	Numbness	Weight Loss	Nausea	
Blurry Vision	Seizures	Fevers	Vomiting	
Eye Pain	Loss of consciousness	Chills	Diarrhea	
Diminished visual acuity	Poor balance	Fatigue	Abdominal Pain	