

# Health History and Review of Systems

Name: \_\_\_\_\_ Clinic ID: \_\_\_\_\_ Date: \_\_\_\_\_

PREVIOUS INJURIES (MVA, WC, etc.) \_\_\_\_\_

PAST HOSPITALIZATIONS / ILLNESS \_\_\_\_\_

SURGICAL HISTORY \_\_\_\_\_

MEDICATIONS/VITAMINS \_\_\_\_\_

ALLERGIES \_\_\_\_\_

## FAMILY HISTORY

Please Note if your FATHER, MOTHER, SISTER, BROTHER are currently or have suffered from any of the following;

CANCER \_\_\_\_\_ DIABETES \_\_\_\_\_ CARDIAC \_\_\_\_\_ STROKE \_\_\_\_\_ HIGH BP \_\_\_\_\_

RECREATIONAL/EXERCISE: Type: \_\_\_\_\_ Freq. \_\_\_\_/wk; Duration \_\_\_\_\_ Min. / Hrs; \_\_\_\_\_

SOCIAL HABITS: TOBACCO: \_\_\_\_ pk / \_\_\_\_ day, wk, for \_\_\_\_ yrs; ALCOHOL \_\_\_\_ # of wine, beer, mixed dr. / day, wk, mo.

Please Check (✓) If You Are Currently Suffering From Any of the Below Noted Ailments

### GENERAL

Allergy  
 Chills  
 Convulsions  
 Dizziness  
 Fainting  
 Fatigue  
 Fever  
 Headache  
 Sleep loss  
 Weight loss  
 Nervousness/depression

Neuralgia  
 Numbness  
 Sweats  
 Tremors

### EYES, EARS, NOSE, THROAT

Asthma  
 Colds  
 Sore throat  
 Deafness  
 Dental decay  
 Earache/noises  
 Ear discharge  
 Sinus infection  
 Enlarged glands  
 Enlarged thyroid  
 Nose bleeds  
 Failing vision  
 Far sighted  
 Gum trouble  
 Hay fever  
 Hoarseness  
 Nasal obstruction  
 Near sighted

### MUSCULOSKELETAL

Arthritis  
 Bursitis  
 Foot Trouble  
 Hernia  
 Low back pain  
 Lumbago  
 Neck pain/stiffness  
 Shoulder blade pain  
 Pain or numbness in:  
 Shoulders  
 Arms  
 Elbows  
 Hands  
 Hips  
 Legs  
 Knees  
 Feet

Painful tailbone  
 Poor posture  
 Sciatica  
 Spinal curvature

### GENITO-URINARY

Bedwetting  
 Blood in urine  
 Frequent urination  
 Inability to control bladder  
 Kidney infection or stones  
 Painful urination  
 Prostate trouble  
 Pus in urine  
 Painful menstruation  
 Hot flashes  
 Irregular cycle  
 Lumps in breasts

### CARDIOVASCULAR

Hardening of arteries  
 High blood pressure  
 Low blood pressure  
 Pain over heart  
 Poor circulation  
 Rapid heart beat  
 Slow heart beat  
 Swelling of ankles

### RESPIRATORY

Chest pain  
 Chronic cough  
 Difficult breathing  
 Spitting up blood  
 Spitting up phlegm  
 Wheezing

### GASTROINTESTINAL

Belching or gas  
 Colitis  
 Colon trouble  
 Constipation  
 Diarrhea  
 Difficult digestion  
 Distention of abdomen  
 Excessive hunger  
 Gall bladder trouble  
 Hemorrhoids  
 Intestinal worms  
 Jaundice  
 Liver trouble  
 Nausea  
 Pain over stomach  
 Poor appetite  
 Vomiting  
 Vomiting blood

Doctor's Initial: \_\_\_\_\_