

Current Problems or Conditions**Family History (blood relative Not yourself)**

Migraine Headache	Yes	No
Fainting/Passing out	Yes	No
Motion Sickness	Yes	No
Seizures	Yes	No
Stroke	Yes	No
Heart Attack	Yes	No
Open Heart Surgery	Yes	No
Diabetes	Yes	No
High Cholesterol	Yes	No
Alzheimer Disease	Yes	No
Parkinson's Disease	Yes	No
Cancer	Yes	No
Muscle Disease	Yes	No
Mental Illness	Yes	No

Your Surgeries

Appendix	Yes	No
Cataracts/Lens Implants	Yes	No
Carotid Artery	Yes	No
Heart	Yes	No
Gall Bladder	Yes	No
Hysterectomy	Yes	No
Sinus	Yes	No
Tonsils	Yes	No
Neck or Back	Yes	No
Other Eye Surgery	Yes	No
Other Vascular	Yes	No
Joint Surgery	Yes	No
Joint Replacement	Yes	No
Any other surgery?		

- List: 1. _____
- 2. _____

Medical Conditions During Your life (add any not listed)

Diabetes	Yes	No
High Blood Pressure	Yes	No
Stroke or TIA	Yes	No
Heart rythmn problem	Yes	No
Heart Disease or Heart Attack	Yes	No
Pacemaker	Yes	No
Head Trauma	Yes	No
Hearing Loss	Yes	No
Migraine Headache	Yes	No
Cancer	Yes	No
Restless Legs	Yes	No
Sleep Apnea	Yes	No
Fibromyalgia	Yes	No
Seizures	Yes	No
Difficulty Learning	Yes	No
Sinus Infections	Yes	No

Cardiology:

Palpitations	Yes	No
Shortness of Breath	Yes	No
Chest Pain	Yes	No
Syncope	Yes	No

Constitutional:

Weight Gain	Yes	No
Loss of appetite	Yes	No
Fever	Yes	No
Weight Loss	Yes	No
Chills	Yes	No

Dermatology:

Rash	Yes	No
Change in skin, hair, nails	Yes	No

Endocrinology:

Sugar Problems	Yes	No
Thyroid Problems	Yes	No

ENT:

Hoarseness	Yes	No
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Gastroenterology:

Nausea	Yes	No
Vomiting	Yes	No
Diarrhea	Yes	No
Blood in Stool	Yes	No
Heartburn	Yes	No
Change in Bowel Habits	Yes	No
Black Stools	Yes	No

Hematology/Lymph:

Anemia	Yes	No
Increased susceptibility	Yes	No
Unusual Bleeding or Bruising	Yes	No

Musculoskeletal:

Joint Pain	Yes	No
Muscle Weakness	Yes	No

Neurology:

Tingling/Numbness	Yes	No
Memory Loss	Yes	No
Gait Abnormality	Yes	No
Sleep Problems	Yes	No
Weakness	Yes	No
Vertigo	Yes	No
Difficulty Controlling Temper	Yes	No
Difficulty reading or writing	Yes	No

Ophthalmology:

Vision Loss	Yes	No
Double Vision	Yes	No
Can you read news paper	Yes	No

Psychology:

Depression	Yes	No
Anxiety	Yes	No

Urology:

Times per night go bathroom	Yes	No
Kidney Stones	Yes	No
Pain with Urination	Yes	No
Sexual Difficulties	Yes	No