

CURRENT MEDICAL HISTORY

NAME: _____ AGE: _____ DATE: _____

REFERRED BY: _____ FAMILY DOCTOR: _____

WHERE IS PAIN/PROBLEM LOCATED? _____

RIGHT _____ LEFT _____ (CIRCLE)

DO YOU HAVE PAIN? YES NO

IS YOUR PAIN DUE TO AN INJURY? YES NO DATE OF INJURY _____

IS IT A WORK RELATED INJURY? YES NO

IF YES, IS YOUR EMPLOYER AWARE OF THIS INJURY? YES NO

DESCRIBE HOW INJURY OCCURRED: _____

ARE YOU RIGHT OR LEFT HANDED? RIGHT LEFT

PAST MEDICAL HISTORY

HAVE YOU EVER BEEN DIAGNOSED WITH ANY OF THE FOLLOWING MEDICAL CONDITIONS?

None

YES

YES

YES

- Angina Pectoris
- Thyroid Disease
- Asthma
- Kidney Disease
- Nervous System Disorder
- Lupus
- Bleeding Tendencies
- Heart Disease
- Epilepsy, Seizure Disorder
- High Blood Pressure
- HIV or AIDS

- Polio
- Hepatitis
- Blood Transfusion
- Hemophilia
- Anemia
- Migraine
- Emphysema
- Drug Addiction
- Osteoarthritis
- Alcoholism
- Depression or Anxiety

- Diabetes
- Goiter
- Lung Disease
- Rheumatoid Arthritis
- Tuberculosis
- Sickle Cell Disease
- Colitis
- Stroke
- Stomach Ulcers
- COPD
- Cancer

Other Medical Conditions: _____

ARE THERE ANY DISEASES THAT RUN IN YOUR FAMILY? YES NO IF YES, WHAT TYPE?

- High Blood Pressure Heart Disease Cancer Other: _____
- Bleeding Problems Lung Disease Diabetes Other: _____

Please list any orthopaedic surgeries and dates:

None

Previous hospitalizations or surgery (give dates):

Childbirth _____
 Stroke _____
 Heart Attack _____
 Appendectomy _____
 Tonsillectomy _____
 Gall Bladder _____
 Hysterectomy _____
 Other _____
 Other _____
 Other _____

Please list all current medications and dosages (prescription, over the counter, or herbal products):

Are you allergic to/type of reaction (check if you are allergic and the reaction):

NONE

PENICILLIN rash swelling trouble breathing nausea other _____

SULFA rash swelling trouble breathing nausea other _____

CODEINE rash swelling trouble breathing nausea other _____

ASPIRIN rash swelling trouble breathing nausea other _____

MORPHINE rash swelling trouble breathing nausea other _____

ADHESIVE TAPE rash swelling trouble breathing nausea other _____

TETANUS rash swelling trouble breathing nausea other _____

IODINE rash swelling trouble breathing nausea other _____

DYES rash swelling trouble breathing nausea other _____

ARTHRITIS MEDICINES rash swelling trouble breathing nausea other _____

ANTIBIOTICS List: _____
 rash swelling trouble breathing nausea other _____

OTHER (please list below):

_____ rash swelling trouble breathing nausea other _____
_____ rash swelling trouble breathing nausea other _____
_____ rash swelling trouble breathing nausea other _____

DO YOU CURRENTLY USE TOBACCO?

YES

NO

Cigarettes

Pipe

Smokeless

Amount per Day: _____

DO YOU DRINK ALCOHOL?

None

Occasionally

Weekly

Daily

HAVE YOU RECENTLY HAD ANY OF THE FOLLOWING PROBLEMS, SYMPTOMS OR TREATMENTS?

None

Radiation Therapy

Chest Pain

Breathing Difficulties

Numbness or Tingling

Vision Changes

Abdominal Pain

Bloody or Black Tarry Stool

Pain or burning with urine

Shortness of breath

Chemotherapy

Irregular heart beat

Cough

Dizziness

Fever or chills

Nausea or vomiting

Loss of control of bowels

Blood in urine

Swollen ankles

Psychiatric treatment

Fainting spells

Cough with blood

Headaches or migraines

Unexpected weight loss

Diarrhea

Difficulty starting urine

Loss of control of bladder

Cold sores

Reviewed By _____