Patient Name_____DOB:_____Date:_____

MEDICATION	DOSE	FREQUENCY	DAILY OR PRN(AS NEEDED)

ALLERGIES:_____

Caffeinated beverages (Soda, coffee, tea)? None 1-2/day 2+/day

Alcohol intake? Circle One. None 0-2/day 2+/day 1-2/week 1-2/month

Smoking history? Never smoker <10 packs /year 10-25 packs /year 25-50 packs/year 50+
Previous smoking history (year quit)_____
Do you use chewless tobacco?_____Average amount of use?_____

Please list all surgeries and injuries (include dates) _____

_____

_____

FAMILY HISTORY -- CIRCLE ANY THAT APPLY

Diabetes mellitus	Colorectal cancer	Drug abuse
Thyroid disorders	Ovarian cancer	Mental illness
Asthma	Prostate cancer	Autoimmune
Hyperlipidemia	Other cancer	Blood disorders
Hypertension	Hepatitis B	Rheumatoid disease
Atherosclerosis	Tuberculosis	Hearing problems
Coronary artery disease	Dementia	Vision problems
Cardiac disorders	Stroke	Obesity
Kidney disease	Alcoholism	Other
Breast cancer	Depression	No History Available

REVIEW OF SYSTEMS –BACK PAGE

Patient Name_____DOB:_____Date:_____

Head and neck	Cataract Cleft lip Cleft palate	Glaucoma Recurrent ear infections	Recurrent sinus infections Other :
Endocrine	Diabetes Graves disease	Hypothyroidism Hyperthyroidism	 Other:
Respiratory	Allergies/Hay fever Asthma	C-Pap/bi-pap Pneumonia	Sleep Apnea Other:
Cardiovascular	Aortic Aneurysm Angina/chest pain Atrial fibrillation	Coronary Artery Disease Deep vein blood clot Other:	Hypertension Heart attack (MI)
Gastrointestinal	Constipation Diarrhea GERD	Hernia Irritable Bowel Syndrome Jaundice	Other:
Genitourinary	Kidney disease Kidney failure	Prostate problems	Other:
Hematology	Anemia Chronic anticoagulation		Other:
Musculoskeletal	Arthritis Carpal Tunnel Fibromyalgia	Fractures Gout Other:	Osteoporosis Spinal Stenosis
Cancer	Please specify type and treatment:		
Infectious disease	AIDS Chickenpox Hepatitis	MRSA Mumps Other:	 Tuberculosis
Integumentary	Acne Eczema	Psoriasis	Other:
Neurologic	ADHD Autism Dementia	Headaches Multiple sclerosis	Other:
Psychiatric	Anorexia Anxiety	Bipolar disorder Depression	Other:
Events	Anaphylaxis	Motor vehicle accident	Other:
Other:			