Medical History

			Touay S Da	te:	
Date of Birth:					
Why are you seeing the doctor toda	.y?				
What is your level of pain?	Scale	of : 0 →	10 0 = No pain	6 = Distress	10 = Worse pai
This problem is the result of $a(n)$:			•		•
☐ Car Accident ☐ Work A			cident 🗖 I	Legal action per	nding
☐ Other					\mathcal{C}
This occurred during: Check all th	at apply				
		пт	wisting Not K	nown	
) Object □			
	Dose Fre		Medications	Dose	Frequency
Triculturions 1	Dosc 11c	quency	Medications	Dose	Trequency
If you take any over the counter drugs (Δenirin Ts	rlenol etc.)	Please list above		
if you take any over the counter drugs (Aspirii, 1)	ichoi, cic.)	r lease fist above.		
Medication Allergies ☐ None ☐	TVoc (If	voc nlesco	lict).		
Miculculon fineigles — frome	(II	jes, preuse	1150).		
C					
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	l VES				
Are you allergic to latex? ☐ NO ☐	YES				
Are you allergic to latex? ☐ NO ☐ Review of Systems		s with your:			
Are you allergic to latex? ☐ NO ☐	ad problem	s with your:	Describe all Yes	responses	
Are you allergic to latex? ☐ NO ☐ Review of Systems Are you currently having or have you h	ad problem Ci	rcle		-	
Are you allergic to latex? NO Review of Systems Are you currently having or have you h	ad problem Ci NO	rcle YES			_
Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat	ad problem Ci NO NO	rcle YES YES			-
Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat Lungs, Breathing	ad problem Ci NO NO NO	YES YES YES			- - -
Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat Lungs, Breathing Bowel Movement	ad problem Ci NO NO NO NO	YES YES YES YES YES			- - -
Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat Lungs, Breathing Bowel Movement Bladder Problem	ad problem Ci NO NO NO NO NO	YES YES YES YES YES YES			- - - -
Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat Lungs, Breathing Bowel Movement Bladder Problem Diabetes	ad problem Ci NO NO NO NO NO NO	YES YES YES YES YES YES YES YES			- - - -
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Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat Lungs, Breathing Bowel Movement Bladder Problem Diabetes High Blood Pressure Bleeding Problems Blood Clots Balance Problems Numbness/tingling Blackout/fainting/Stroke	ad problem Ci NO	YES			- - - - - - - -
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Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat Lungs, Breathing Bowel Movement Bladder Problem Diabetes High Blood Pressure Bleeding Problems Blood Clots Balance Problems Numbness/tingling Blackout/fainting/Stroke Psychological Problems AIDS Cancer	ad problem Ci NO	YES			- - - - - - - - - -
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Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat Lungs, Breathing Bowel Movement Bladder Problem Diabetes High Blood Pressure Bleeding Problems Blood Clots Balance Problems Numbness/tingling Blackout/fainting/Stroke Psychological Problems AIDS Cancer Arthritis TB Epilepsy	ad problem Ci NO	YES			
Are you allergic to latex? NO Review of Systems Are you currently having or have you h Eyes Ears, Nose, Throat Lungs, Breathing Bowel Movement Bladder Problem Diabetes High Blood Pressure Bleeding Problems Blood Clots Balance Problems Numbness/tingling Blackout/fainting/Stroke Psychological Problems AIDS Cancer Arthritis TB	ad problem Ci NO	YES			

Past Medical History

Surgeries/Hosp	oitalizatio	ns	Year	Complica	ations
II h.d	141.	:-9 ¬ N	o D Yes		
Have any problems with	rai anesin			·	
				Describe:	
rias any ranny member	naa a pro	Family 1			
Do you have a family hi	story of	raining 1	ilistoi y		
Do you have a failing in	story or.				
	NO	YES	F	RELATIONSHIP	
Heart Disease					
Diabetes					
Cancer					
TB					
High Blood Pressure					
Stroke					
Other:					
		Social H	listory		
■ Unemployed	Last da	ay worked?			
☐ Work in the home	☐ Em	ployed (occupation	on)		
☐ Single ☐ Ma	arried	☐ Divorced	☐ Separated	☐ Widowed	
Children □ NO □					
Do you live alone? \ \		EO			
Do you feel you have ad			n this illness or other n	roblems? \square NO \square YI	ES
Do you feel you have ad If no, please explain	lequate he	lp in dealing with		roblems? NO Y	ES
Do you feel you have ad If no, please explain	lequate he	lp in dealing with			
Do you feel you have ad If no, please explain Exercise?	lequate he	lp in dealing with Weekly	☐ Monthly		
Do you feel you have ad If no, please explain Exercise?	ily No	□ Weekly □ YES Des	☐ Monthly	□ Rarely □ Neve	r
Do you feel you have ad If no, please explain Exercise?	ily et? \(\bar{\text{N}}\) Note the content of the	□ Weekly □ YES Des	☐ Monthly scribe: f Yes, ☐ Physically	Rarely Neve	r
Do you feel you have ad If no, please explain Exercise?	ily et? \(\sigma \) No sed? \(\sigma \) Nuse? \(\sigma \) N	Weekly D YES Des NO YES IN	☐ Monthly scribe: f Yes, ☐ Physically That:	□ Rarely □ Neve	r
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