

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  \_\_\_\_\_

Occupation: \_\_\_\_\_  Married  Single  Divorced  Widowed

Handedness:  Right  Left Alcohol use? Y/N How much? \_\_\_\_\_

Tobacco Use:  Yes  No Former  Packs/Day: \_\_\_\_ # of years \_\_\_\_ Date Quit: \_\_\_\_\_

Exposure to 2<sup>nd</sup> hand smoke?  Yes  No

Pain level 0 1 2 3 4 5 6 7 8 9 10 (severe)

# Falls in the last year? \_\_\_\_ Have any falls resulted in injury?  Yes \_\_\_\_\_  No

Do you have: High Blood Pressure?  Yes  No Diabetes?  Yes  No Coronary Artery Disease?  Yes  No

Have you been vaccinated for COVID?  Yes  No  Boosted

PRIMARY CARE PHYSICIAN \_\_\_\_\_ REFERRING PHYSICIAN \_\_\_\_\_

**REVIEW OF SYSTEMS**

**CONSTITUTIONAL:**

- FATIGUE
- UNEXPLAINED WEIGHT LOSS

**HEENT:**

- VISUAL CHANGES

**RESPIRATORY:**

- KNOWN TB EXPOSURE
- SHORTNESS OF BREATH

**CARDIOVASCULAR:**

- CHEST PAIN
- EDEMA
- PALPITATIONS

**GASTROINTESTINAL:**

- ABDOMINAL PAIN
- CONSTIPATION
- DIARRHEA

**GENITOURINARY:**

- URINARY INCONTINENCE
- URINARY RETENTION

**REPRODUCTIVE:**

- SEXUAL DYSFUNCTION

**INTEGUMENTARY:**

- PRURITIS (ITCHING)
- RASH/HIVES

**IMMUNOLOGIC:**

- ENVIRONMENTAL ALLERGIES
- FOOD ALLERGIES

**NEUROLOGICAL:**

- DIZZINESS
- EXTREMITY NUMBNESS
- EXTREMITY WEAKNESS
- GAIT DISTURBANCE
- HEADACHE
- MEMORY LOSS
- SEIZURES
- TREMORS

**PSYCHIATRIC:**

- ANXIETY
- DEPRESSION
- INSOMNIA

**MUSCULOSKELETAL:**

- BACK PAIN
- JOINT PAIN
- JOINT SWELLING
- MUSCLE WEAKNESS
- NECK PAIN

**HEMATOLOGY / LYMPHATIC:**

- EASY BLEEDING/BRUISING

**METABOLIC / ENDOCRINE:**

- COLD INTOLERANCE
- HEAT INTOLERANCE

**YOUR MEDICAL HISTORY**

- ALZHEIMER'S DISEASE/DEMENTIA
- ANGINA (CHEST PAIN)
- ARTHRITIS
- ASTHMA
- CANCER \_\_\_\_\_
- CARDIAC ARRHYTHMIA
- COPD
- CORONARY ARTERY DISEASE/HEART ATTACK
- DEPRESSION
- DIABETES
  - NON-INSULIN DEPENDENT
  - INSULIN DEPENDENT

- ELEVATED LIPIDS/HIGH CHOLESTEROL
- FIBROMYALGIA
- HEAD INJURY
- HEADACHES: MIGRAINE/TENSION
- HEPATITIS
- LIVER DISEASE
- HYPERTENSION
- OSTEOPOROSIS

- PARKINSON DISEASE
- PERIPHERAL NERVE DISEASE (NEUROPATHY)
- POLIO
- RENAL DISEASE
- SEIZURE DISORDER
- SPINAL CORD INJURY
- SPINAL TUMOR
- STROKE
- THYROID DISEASE / DISORDER
- TREMOR
- OTHER \_\_\_\_\_

**YOUR SURGICAL HISTORY**

(PLEASE WRITE DATE NEXT TO ENTRY)

- ANGIOPLASTY / HEART STENT
- ARTHROSCOPY: KNEE/HIP/SHOULDER
- SPINE SURGERY \_\_\_\_\_
- CABG
- CARDIAC PACEMAKER
- CARPAL TUNNEL RELEASE
- CATARACT
- CRANIECTOMY

- GASTRIC BYPASS
- HERNIA REPAIR
- HIP REPLACEMENT R/L
- HYSTERECTOMY
- KNEE REPLACEMENT R/L
- MASTECTOMY
- ORIF
- SMALL BOWEL RESECTION

- THYROIDECTOMY
- TONSILLECTOMY
- \_\_\_\_\_

PLEASE TURN OVER....

NAME: \_\_\_\_\_

**YOUR FAMILY HISTORY**

ADOPTED OR UNKNOWN

**MOM DAD**

- ADD /ADHD
- ALCOHOLISM
- ALS
- ALZHEIMER'S DISEASE
- ASTHMA
- CAD
- CANCER \_\_\_\_\_
- CNS MALIGNANCY
- CONGESTIVE HEART FAILURE
- COPD
- CVA (STROKE)
- DEMENTIA
- DEPRESSION
- DEVELOPMENTAL DELAY

**MOM DAD**

- DIABETES
- EPILEPSY
- HEADACHES
- DEAF
- HIV (AIDS)
- HUNTINGTON'S CHOREA
- HYPERLIPIDEMIA  
(HIGH CHOLESTEROL)
- HYPERTENSION
- INFLAMMATORY BOWEL DIS.
- LIVER DISEASE
- MULTIPLE SCLEROSIS
- MYOCARDIAL INFARCTION  
(HEART ATTACK)

**MOM DAD**

- OSTEOPOROSIS
- PERIPHERAL NERVE DISEASE  
(NEUROPATHY)
- PERIPHERAL VASCULAR DIS.  
(KIDNEY PROBLEMS)
- RENAL DISEASE
- SCHIZOPHRENIA
- SEIZURE DISORDER
- THYROID DISORDER
- TUBERCULOSIS
- OTHER \_\_\_\_\_
- OTHER \_\_\_\_\_

**If you are here to see the doctor for pain...**

WHERE IS YOUR PAIN?

DOES IT RADIATE OR MOVE ELSEWHERE? IF SO, WHERE?

HOW LONG HAVE YOU HAD IT?

WAS IT CAUSED BY A SPECIFIC INCIDENT OR ACCIDENT?

WHAT POSITIONS MAKE THE PAIN WORSE?

WHAT POSITIONS MAKE THE PAIN BETTER?

PLEASE MARK CONSERVATIVE TREATMENTS THAT HAVE BEEN TRIED FOR AT LEAST SIX WEEKS:

- ORAL MEDICATION (NSAIDS, ANALGESICS)     TOPICAL MEDICATION     ICE OR HEAT
- INJECTION(S)    WHERE? \_\_\_\_\_    WHEN? \_\_\_\_\_
- PHYSICAL THERAPY    WHERE? \_\_\_\_\_    WHEN/FOR HOW LONG? \_\_\_\_\_
- HOME EXERCISE PROGRAM     CHIROPRACTIC CARE     ACUPUNCTURE/MASSAGE
- RECENT IMAGING    WHERE WAS IT DONE? \_\_\_\_\_