NAME: ______________________________ Birth date: ____________
month / day / year

Primary care doctor(Family doctor) ______________________

Please name the doctor or person who referred you: _________________

What is the reason for seeing the doctor today? ___________________________________

Do you have any of the following medical conditions?

- ☐ high blood pressure
- ☐ excessive bleeding
- ☐ chest pain
- ☐ heart attack
- ☐ stroke
- ☐ anemia
- ☐ sickle cell disease
- ☐ asthma
- ☐ emphysema
- ☐ tuberculosis
- ☐ diabetes
- ☐ rheumatoid arthritis
- ☐ ulcer disease
- ☐ hepatitis C
- ☐ gallbladder problems
- ☐ hiatal or sliding hernia
- ☐ heartburn
- ☐ blood with bowel movements
- ☐ throw-up blood
- ☐ blood with urination
- ☐ difficulty starting urination
- ☐ weak urinary stream
- ☐ goiter
- ☐ low thyroid hormone
- ☐ Grave's disease
- ☐ glaucoma
- ☐ seizure disorder
- ☐ nicotine dependence
- ☐ depression
- ☐ alcohol dependence

Is your current complaint related to:

Employment? ☐ yes ☐ no

Auto accident? ☐ yes ☐ no

Other accident? ☐ yes ☐ no

Date accident or illness occurred? ____________

Place (state) of auto accident: ____________

Please list any allergies you have to medications along with the reaction.

If you do not have any known allergies to medications, please circle: None

Please list any medications & dosage you are currently taking (include over the counter medications).

Please list any previous operations. Include the approximate year performed.

Please indicate which diseases occur in your family?

- ☐ stroke
- ☐ diabetes
- ☐ high blood pressure
- ☐ excessive bleeding
- ☐ heart attack
- ☐ breast cancer
- ☐ colon cancer
- ☐ stomach cancer
- ☐ ovarian cancer
- ☐ prostate cancer
- ☐ problems with general anesthesia
- ☐ OTHER___________________

Please list your current alcohol use:

○ none ○ rare ○ occasional ○ moderate ○ frequent ○ heavy

Please list your current tobacco usage:

○ none ○ cigarettes ○ cigar ○ pipe ○ chew amount: ______________________

Marijuana use:

○ none ○ rare ○ occasional ○ moderate ○ frequent ○ heavy