Patient History

Name: _____ **Date:** _____

Age: _____ **Sex:** _____

Chief Complaint: _____

Hx Present Illness: _____

Onset/Injury Date: _____

Mechanism of Injury: _____

Location: _____

Severity: Minor, Moderate, Severe

Modifying Factors: Rest, Heat, Cold, Limb Elevation

Context: Improving, Worsening, Recurring

Quality: Sharp, Dull, Throbbing, Burning, Aching

Duration: Intermittent, Constant, Minutes

Timing: With Exercise, Nightly, Morning, After Meals

Associated Signs & Symptoms: Bruising, Numbness, Tingling

Treatment Rec'd for this Problem: _____

Medications

PAST MEDICAL HISTORY

Illnesses: Diabetes-Insulin/Non-Insulin, Heart Disease, High Blood Pressure, Blood Clot, Ulcers, Hiatal Hernia:

Operations: _____

Injuries: _____

Allergies: _____

FAMILY MEDICAL HISTOR Has Any Relative ever Had the Following? (Please Circle)

Heart Problems	Father	Mother	Sister	Brother	Other
High Blood Pressure	Father	Mother	Sister	Brother	Other
Arthritis	Father	Mother	Sister	Brother	Other
Diabetes	Father	Mother	Sister	Brother	Other
Stroke	Father	Mother	Sister	Brother	Other
Cancer	Father	Mother	Sister	Brother	Other
Osteoporosis	Father	Mother	Sister	Brother	Other
Blood Clots	Father	Mother	Sister	Brother	Other

SOCIAL HISTORY

Right or Left handed? _____ Do you: Exercise Regularly Y N Use Seatbelts Regularl Y N

Marital Status? _____ Use Drugs? Y N Use Alcohol? Y N

Occupation? _____ Smoke? Y N _____Packs/day for _____ years

REVIEW OF SYSTEMS

ALL SYSTEMS ARE REVIEWED AND NEGATIVE EXCEPT AS CIRCLED.

1. **Constitution:** Weight Gain, Weight Loss, Chills, Fevers, Night Sweats
2. **Eyes:** Visual Loss, Blurry Vision, Double Vision, Eye Pain, Glaucoma
3. **Ears, Nose, Mouth, Throat:** Hearing Loss, Ringing in Ears, Dizziness, Nosebleeds, Hoarseness, Sinus Infections, Difficulty Swallowing, Dentures
4. **Cardiovascular:** Chest Pain, Irregular Heartbeat, Shortness of Breath, Edema, Cold Feet, Heart Murmur, Claudication, Hypertension, History of Rheumatic Fever
5. **Respiratory:** Coughing, Shortness of Breath, Wheezing, Coughing up Blood, Emphyzema, Asthma
6. **Gastrointestinal:** Appetite Change, Nausea and Vomiting, Abdominal Pain, Diarrhea, Constipation, Ulcers, Hemorrhoids, Hernia, Blood in Stool, Hepatitis, Cirrhosis
7. **Genitourinary:** Burning on Urination, Frequency of urination, Blood in Urine, Pain on Urination, Kidney Stones, History of Infection, Menstrual Problems, Prostate Problems
8. **Musculoskeletal:** Fractures, Muscle Pain, Stiffness in Joints, Weakness, Atrophy, History of Arthritis
9. **Integumentary:** Rashes, Itching, Bruising, Lesions, Ulcers, Hair Loss, Moles, Nail Changes Brittle/Coarse
10. **Neurological:** Weakness, Atrophy, Tremors, Seizures, Pain, Numbness, Incontinence, Speech Problems, Changes in Smell, Hearing, Taste, Temperature Sensitivity
11. **Psychiatric:** Mood Swings, Anxiety, Depression, Fears, Sleep Disturbances
12. **Endocrine:** Weight loss/gain, Hair Loss/Increase, Temperature Sensitivity, Excessive Thirst
13. **Hematologic/Lymphatic:** Bleeding, Bruising, Blood Clots, History of Anemia, Enlarged Lymph Nodes, Abnormal Fatigue
14. **Allergic/Immunologic:** Allergies, Hayfever, Drug Allergies, Dermatitis Sensitivity, Frequent Infections, Anaphylaxis

TO BE COMPLETED BY PHYSICIAN

Other Pertinent Information:

TO BE COMPLETED BY PHYSICIAN

Working Diagnoses: Primary : Pending _____

Secondary **1)** _____

2) _____

3) _____

4) _____

5)