					Com	prehe	ensive	Medica	l Histoi	у								
This important information is consent. Thank you very main This form will be reviewed w	uch for taki	ng the t	time to fill	han yo our this	ur heali length	thcare y form.	provider Comple	will have a etion of this	iccess or history a	knowlec llows us	lge of th to prov	nis info /ide yo	rmation u the m	withou ost con	it your o nplete r	expres medica	s writter I care p	n ossible.
General:																		
Nama						Dieth	datai					ee +	L.					
Name: Date of your last comp	lete nhvs	sical e	vam?			ылл	date:					SS #						
Hospital / Surgical Hist																		
Illness or		n				Date)		Illı	iess or	Opera	ation					Date	e
1)								4)										
2)								5)										
3)								6)								1		
Allergies:																		
Please list any drug, fo	od, cont	act or	environ	menta	al sub	stance	es to w	hich you	have h	ad an	allerg	ic or t	oad re	actior	1.			
Medications:																		
Please list any prescri	ntion me	dicatio	ns over	r the c	counte	er mer	dication	ns vitam	ins her	bs or r	outritic	nal s	unnler	nents	that	/011 ai	re now	,
taking. Remember to i	nclude su	uch thi																
and the times a day yo	ou take th	nem.																
1)				5)							9)							
2)				6)							10)							
3)				7)							11)							
4)				8)							12)							
Social History:																		
Occupation:								Marital S	Status:									
Do you execise regula		YE			t type							How	often	?				
Do you smoke? I formerly smoked but		YE	S NO	I curi	rently			packs pe				l hav	ve smo	oked f	or	ye	ears.	
							, ,	Do you		-	1						YES	
Do you use other forms of	of tobacco	?	YES	NO				drugs?	YES	NO			nk alc				YES	NO
How often/how much?						v often/how mu						How often/h						
Do you have any risk f								Have you		n expos	ed to a	nyone	with tub	erculos	sis?		YES	
Have you had excessiv					of yo			1									YES	NO
Are you currently expe					iah ar	YES		Explain:		1/50		F	- ! :					
Are there any environm				your	jo dol	nome	-			YES		Expl						
Women Only: Mens Birth Control Method:	trual Per	iod Or	iset:		Diffic		Regu			NO NO			period	bega	n:			
Pregnancies: No. of ch	uldren:	Bo	rn Alive:		Dinic	T	irean:	1005 !		nature:	Spec	Stillb	orn:		Misc	arriag	100.	
Describe complications		ВО	III Ailve.			Cesa	irean.		Fiel	nature.		Jount			101130	amag	<i>j</i> es.	
Age at menopause:	5.			Date	Perio	d end	led [.]				Surg	ical		Natu	ral			
rige at menopadoe.				Duto			.00.				ourg			riata				
										Plea	se turi	n and	comp	lete b	ack s	ide		
				Com	nroha	nebr	Madi			stinue	4							
				Com	prene			cal Histo		iunue	u							
Name:						Birth	date:					SS #	£:					
Please check all condit	ions you	currer	_										1	-				
General Questions			Cardi Angin	ovascı a	llar				dneys &		ract			Respi Pleuri	i ratory sv			

l ire easliy/fatigue	Angina	Blood in urine	Pleurisy		
Insomnia/sleep disorders	Leg cramps	Frequent bladder infections	Asthma		
	Chest pain	Dribbling after urination	Wheezing		
	Murmurs	Painful urination	Prolonged cough		
	Cardiac catheterization	Kidney disease	COPD		
Neurologic and Psychiatric	Congenital heart defects	Kidney stone	Emphysema		
Anxiety	Heart attacks		Shortness of breath		
Depression	High or low blood pressure		Tuberculosis		
Psychological problem	Irregular heart rate	Endocrine	Pneumonia		
Headaches/Migraines	Heart Surgery	Diabetes	Frequent infections(bronchitis)		
Meningitis		Thyroid disease			
Paralysis			Gastrointestinal		
Seizure	Musculoskeletal	Females Only	Diarrhea 🕅		
Stroke	Anemia	D + C	Reflux		
Tingling	Back pain	Hernia	Ulcers 🕅		
Tremors	Gout	Fibroids	Hepatitis 🕅		
Memory Loss	Neck pain	Abnormal pap smear	Abdominal pain		
Fainting spells, dizziness	Rheumatoid Arthritis	Hot flashes	Black or bloody stools		
Head injuries	Osteoarthritis	PMS	Constipation		
Blackouts or near blackouts	Fibromyalgia	Endometriosis	Nausea		
Epilepsy	Lupus of SLE	Heavy bleeding during cycles	Vomiting		
	Easy bruising	Tubal ligation	Problems swallowing		
	Joint swelling	Ovarian cysts	Hiatal Hernia		
Ears, Eyes, Nose & Throat	Morning stiffness	Pelvic Inflammatory Disease	Gallstones		
Hay fever	Muscle aches	Postmenopausal symptoms	Liver disease		
Glaucoma	Bursitis	Vaginal discharge	Hemorrhoids		
Nasal Polyps	Joint aches	Vaginal Dryness	Heartburn		
Cataracts	Tendinitis	Vaginal Warts			
Goiter	Osteoprosis		Indigestion Diverticulitis/colitis		
Double vision	Osteoprosis		Diverticultis/contis		
Ear Infections			Other		
	Oltin	Malaa Orahi			
Glasses/contacts	Skin	Males Only	Radiation Therapy		
Wear Hearing Aid	Psoriasis	Hernia	Chemotherapy		
Nosebleeds	Eczema	Prostate disease	Tumors or growths		
Sinus infections	Hives	Vasectomy	Cancer		
Frequent sore throat	Athlete's foot		AIDS/HIV		
	Tattoos		Alcohol/drug dependency		
ovider Notes					
tiont Cinnot		Deta			
tient Signature		Date			
ıradian Signature (if under 18 yea	rs of age or required)	Date			