

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_\_\_ Male Female

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

What is your Reason for Today's Visit? \_\_\_\_\_

**Taking Any Medications? Please supply a List to our staff or write them here:**

\_\_\_\_\_

**Please Circle Any Condition You Have Been Diagnosed With:**

**Constitutional:** Developmental Disorder Cancer Fatigue Syndrome Other \_\_\_\_\_

**Ear, Nose & Throat:** Sinusitis Hearing Loss Laryngitis Dry Mouth Other \_\_\_\_\_

**Neuro:** Cerebral Palsy Tumor Multiple Sclerosis Epilepsy Stroke TIA Migraine Other \_\_\_\_\_

**Psych:** Bipolar Depression Anxiety Disorder Attention Deficit Other \_\_\_\_\_

**Cardio:** Hypertension Stroke Vascular Disease Heart Disease Heart Failure Other \_\_\_\_\_

**Respiratory:** Smoker Asthma Bronchitis Emphysema COPD Sleep Apnea Other \_\_\_\_\_

**GI:** Crohns Ulcer Colitis Celiac Disease Acid Reflux Other \_\_\_\_\_

**GU:** Chlamydia Kidney Disease STD Prostate Disease Pregnant Herpes Nursing Other \_\_\_\_\_

**Musc/Skel:** Gout Arthritis Osteoarthritis Fibromyalgia Muscular Dystrophy Osteoporosis Other \_\_\_\_\_

**Integumentary:** Eczema Rosacea Herpes Simplex/Cold Sores Psoriasis Shingles Other \_\_\_\_\_

**Endocrine:** Thyroid Dysfunction Hormonal Dysfunction Type 2 DM Type 1 DM Other \_\_\_\_\_

**Hem/Lymph:** Anemia Ulcer Blood Loss High Cholesterol Other \_\_\_\_\_

**Allerg/Immune:** Drug Allergies Sjogrens Lupus Rheumatoid Arthritis Environmental Allergies

**Allergies:**

Are You Allergic to Any Medications? Yes No

Please List: \_\_\_\_\_

Do You Have Any Environmental Allergies? Yes No

Please List: \_\_\_\_\_

**Social History:**

Do You Drink Alcohol: Yes No Drinks per week: \_\_\_\_\_

Do you Use Tobacco: Yes please circle (Cigarettes Cigars Pipe Smokeless) No

Smoking Status: Current Smoker Never Smoked Former Smoker Occasionally Former Smoker Daily