# Medical History

Patient: _____ Date: _____

Reason for today's visit: _____

Are you allergic to any medications? ☐ YES ☐ NO If yes, list:
1. _____ 2. _____

Do you have now, or have you ever had diseases or conditions of: (Please check YES or NO)

| Lungs: | YES | NO |
|---|---|---|
| Bronchitis | ☐ | ☐ |
| Emphysema | ☐ | ☐ |
| Asthma | ☐ | ☐ |
| Chronic Cough | ☐ | ☐ |
| Morning Cough | ☐ | ☐ |

Vascular:

| | | |
|---|---|---|
| High Blood Pressure | ☐ | ☐ |
| Chest Pain | ☐ | ☐ |
| Heart Attack | ☐ | ☐ |
| Heart Murmur | ☐ | ☐ |
| Irregular HeartBeat | ☐ | ☐ |
| Pacemaker | ☐ | ☐ |
| Phlebitis | ☐ | ☐ |

| Other Systemic: | YES | NO |
|---|---|---|
| Diabetes | ☐ | ☐ |
| Thyroid | ☐ | ☐ |
| Kidney | ☐ | ☐ |
| Bladder | ☐ | ☐ |
| Stomach | ☐ | ☐ |
| Bowel | ☐ | ☐ |
| Hepatitis or Yellow Skin | ☐ | ☐ |
| Glaucoma | ☐ | ☐ |
| Arthritis/Joint Deformity | ☐ | ☐ |
| Convulsions, Epilepsy or Seizures | ☐ | ☐ |
| Fainting | ☐ | ☐ |

Do you drink alcohol? ☐ YES ☐ NO If YES _____ drinks per day
Do you use IV drugs? ☐ YES ☐ NO If YES, what? _____ How much? _____
Have you had or have you been exposed to HIV (AIDS) ? ☐ YES ☐ NO
Have you ever had dental anesthesia (Novacaine)? ☐ YES ☐ NO Any bad reaction? ☐ YES ☐ NO

Skin:

When you are exposed to sun do you: ☐ Tan only ☐ Tan and burn ☐ Burn
Have you ever had skin cancer? ☐ YES ☐ NO
Has anyone in your family had skin cancer? ☐ YES ☐ NO If YES, Who? _____
Do you have a history of any specific skin diseases? ☐ YES ☐ NO
If yes, please list: _____
List any other disease or condition we should know about: _____
List surgical procedures you have had in the last 6 months: _____

Please answer the following questions:

A. Do you smoke? ☐ YES ☐ NO If yes, how much: _____
B. Do you bleed easily? ☐ YES ☐ NO
C. (Women) Are you pregnant? ☐ YES ☐ NO Due Date: _____
D. Do you have artificial joint(s)? ☐ YES ☐ NO
E. What is your occupation? _____
F. What are your hobbies? _____

Completed by: ☐ Patient
☐ Medical Assistant _____ Initials

_____
Signed by Physician Date

_____
Reviewed by Date