INITIAL MEDICAL EVALUATION

Date_____

Name_____ Age_____

Primary Care Physician_____ Height_____ Weight_____

Which is your dominant hand? □ Right □ Left □ Male □ Female

Work Status: (check one) □ Working □ Retired □ Student □ Disabled □ Other_____

Occupation_____ Employer_____

Who referred you to our clinic? □ Self □ Friend □ Physician Name_____

Reason for Visit/ Chief Complaint: Please describe injury/complaint & how long condition has been present:

_____

_____

Date of injury/symptoms_____ Is this work related? □ Yes □ No Has it been reported? □ Yes □ No

Have any x-rays/tests been performed? □ Yes □ No

If Yes, name of test (include date & facility) _____

Past Medical History (Please check all that apply)

□ Heart Attack (MI)
□ Angina
□ Congestive Heart Failure
□ Mitral valve prolapse
□ High blood pressure
□ High cholesterol/triglycerides
□ Heart disease
□ Arrhythmia
□ Anemia
□ Stroke
□ Bleeding disorder
□ Blood clots in lung(PE)
□ Blood clots in extremities(DVT)
□ Peripheral vascular disease
□ Peripheral neuropathy
□ Divericulitis
□ Cancer (type:_____)
□ Other_____

□ Lung disease
□ Asthma
□ Emphysema
□ Pneumonia
□ Chronic bronchitis
□ Reaction to anesthesia
□ Kidney stones/disease
□ Tuberculosis
□ Hiatal hernia
□ Reflux
□ Stomach or intestinal ulcers
□ Peptic ulcer disease
□ Crohn's disease
□ Ulcerative colitis
□ Irritable bowel
□ Osteoarthritis
□ Sleep apnea

□ Osteoporosis
□ Hepatitis
□ Liver problems/cirrhosis
□ Diabetes – Insulin dependent? Yes/No
□ Thyroid disease
□ Urologic problems
□ Stress incontinence
□ Enlarged prostate
□ Frequent urinary tract infections(UTI's)
□ Psychiatric history
□ Anxiety
□ Depression
□ Schizophrenia
□ Headaches
□ HIV+
□ Rheumatoid arthritis

Prior Surgeries:_____

_____

_____

Prior Hospitalizations:_____

Current Medicines & Dosages:_____

_____

_____

Please name substance & reaction

Allergies: DRUG allergies_____

FOOD allergies_____

METAL allergy □ YES □ NO LATEX allergy □ YES □ NO

**** PLEASE COMPLETE REVERSE SIDE ****

Family History(Check all that apply to your biological mother, father or siblings)

□ Heart disease	□ Cancer	□ High blood pressure	□ Stroke
□ Lung disease	□ Liver disease	□ Kidney disease	□ Diabetes
□ Osteoporosis	□ Arthritis	□ Rheumatoid arthritis	□ Psychiatric disease
□ Anesthesia difficulties	□ None	□ Other:_____	

Social History

General education: □ High School (list name if local)_____

□ College _____

□ Post graduate or other_____

Martial status: □ Single □ Married □ Separated □ Divorced □ Widowed

Tobacco use: _____ Packs per day for _____ years If stopped, when _____

Daily alcohol use: □ YES □ NO Amount_____

Other substance use: _____

Work demands: □ Sedentary □ Moderately active □ Heavy labor

Do you exercise regularly? □ YES □ NO Describe_____

What sports or activities do you participate in?

□ Baseball/softball	□ Golf	□ Roller/ice hockey
□ Basketball	□ Swimming	□ Running/jogging
□ Tennis/racquet sports	□ Martial arts	□ Walking
□ Track & field	□ Gymnastics	□ Cycling
□ Football	□ Soccer	□ Water/snow skiing
□ Rugby	□ Lacrosse	□ Aerobics (type _____)
□ Other_____		

Current Medical Status/Review of Systems(Please check all that apply)

Constitutional:	□ Good general health lately	□ Recent weight change	□ Fever	□ Fatigue
Eyes:	□ Eye disease/injury	□ Wear glasses/contacts	□ Blurred/double vision	
ENT:	□ Hearing loss/ringing	□ Chronic sinus problems	□ Nose bleeds	
Cardiovascular:	□ Chest pain	□ Palpitations	□ Shortness of breath w/walking or lying flat	
Respiratory:	□ Wheezing	□ Spitting up blood	□ Chronic/frequent coughs	
GI:	□ Diarrhea/constipation	□ Nausea/vomiting	□ Loss of appetite	□ Change in habits
GU:	□ Incontinence	□ Burning/painful urination	□ Frequent urination	□ Bloody urine
Muscle/Joint:	□ Joint pain	□ Back pain	□ Difficulty walking	□ Weakness
Skin:	□ Rash/itching	□ Varicose veins	□ Chronic skin ulcers	□ Dry skin
Neurologic:	□ Frequent headaches	□ Numbness/tingling	□ Paralysis	□ Tremors
Psychiatric:	□ Memory loss/confusion	□ Nervousness	□ Insomnia	□ Depression
Hematologic:	□ Slow to heal after cuts	□ Bruising tendency	□ Past blood products transfusions	