HEALTH HISTORY **PATIENT NAME:** _____ **DATE:** _____

Height: _____ Weight:_____

1) Please list any allergies to (medication/food/etc): _____

_____

_____

2) Please list all surgeries/hospitalizations/accidents: _____

_____

_____

3) Please list any past medical history (cancer/heart disease/fractures/etc): _____

_____

_____

4) Please list your current medications (or provide list): _____

_____

_____

5) Please list any family medical history and relation (heart disease/mother): _____

_____

_____

SOCIAL HISTORY:

Do you smoke: _____ How many packs/day: _____ Frequency: Rare / Occasional / Frequent

Do you drink alcohol:_____How many drinks/day: _____ How many days/week: _____ Frequency: Rare / Occasional / Frequent

Race Group: White/American Indian/Alaskan Native/Black/African American/Asian/Native Hawaiian/Pacific Islander/Other/Decline

Ethnic Group: Hispanic-Latino/Not Hispanic-Latino/Decline

SYSTEM HISTORY: **(**Please list any diagnosis that apply to the following areas. **IF NONE APPLY PLEASE WRITE N/A)**.

1) Eyes/Ears/Nose/Throat: _____

2) Cardiovascular (stroke/heart attack/etc) : _____

3) Lung/Respiratory: _____

4) Digestive (ulcers/IBS/etc): _____

5) Genital/Urinary (prostate/ovarian/bladder): _____

6) Muscular/Skeletal (disc herniation/etc): _____

7) Skin/Hair/Nails: _____

8) Neurological (MS/seizures/etc): _____

9) Psychiatric (depression/bipolar/etc): _____

10) Hormone (thyroid/imbalances/etc): _____

11) Blood/Lymphatic (anemia/lymphoma/etc): _____

12) Immune (HIV/lupis/rheumatoid/etc): _____

FEMALES: Are you currently taking birth control: _____ Are you currently pregnant: _____ Number of Births: _____

DOCTOR USE ONLY

Diagnosis: _____ Onset Date: ____/____/____ Resolved / Improved / Diagnosed / Worse Severity: Low / Moderate / High

Diagnosis: _____ Onset Date: ____/____/____ Resolved / Improved / Diagnosed / Worse Severity: Low / Moderate / High

Diagnosis: _____ Onset Date: ____/____/____ Resolved / Improved / Diagnosed / Worse Severity: Low / Moderate / High

Blood Pressure: _____ Pulse:_____