PATIENT HISTORY

REASON FOR VISIT: _____

HAVE YOU SEEN ANOTHER DOCTOR FOR THIS CONDITION: ☐ NO ☐ YES:

MEDICAL HISTORY. CHECK ALL THAT APPLY:

- ☐ CATARACTS
- ☐ GLAUCOMA
- ☐ WEARS GLASSES OR CONTACTS
- ☐ HEARING AIDS
- ☐ VASCULAR DISEASE
- ☐ DVT / BLOOD CLOTS
- ☐ AFIB
- ☐ HIGH BLOOD PRESSURE
- ☐ MI / HEART ATTACK
- ☐ CONGESTIVE HEART FAILURE
- ☐ ASTHMA
- ☐ COPD
- ☐ GERD / ACID REFLUX
- ☐ HEPATITIS
- ☐ STOMACH ULCER
- ☐ KIDNEY STONES
- ☐ ARTHRITIS
- ☐ GOUT
- ☐ FIBROMYALGIA
- ☐ ECZEMA
- ☐ PSORIASIS
- ☐ SEIZURES
- ☐ NEUROPATHY
- ☐ TIA / STROKE
- ☐ DEPRESSION
- ☐ ANXIETY
- ☐ HIGH CHOLESTEROL
- ☐ HYPOTHYROIDISM
- ☐ TYPE I DIABETES
- ☐ TYPE 2 DIABETES
- ☐ ANEMIA
- ☐ CANCER:_____
- ☐ HIV/ AIDS
- ☐ OSTEOPENIA/ OSTEOPOROSIS
- ☐ DEMENTIA / ALZHEIMERS
- ☐ PARKINSONS DISEASE

OTHER:

SURGICAL HISTORY. CHECK ALL THAT APPLY:

- ☐ APPENDECTOMY
- ☐ BACK SURGERY
- ☐ BARIATRIC/ GASTRIC BYPASS
- ☐ CORONARY ARTERY BYPASS (CABG)
- ☐ VASCULAR LEG BYPASS
- ☐ CATARACT/ LENS SURGERY
- ☐ CARPAL TUNNEL RELEASE
- ☐ GALLBLADDER SURGERY
- ☐ HIP REPLACEMENT
- ☐ KNEE REPLACEMENT
- ☐ HYSTERECTOMY
- ☐ HERNIA REPAIR
- ☐ PACEMAKER OR DEFIBRILLATOR
- ☐ SKIN CANCER EXCISION (MOHS)
- ☐ TONSILLECTOMY
- ☐ FOOT SURGERY

OTHER:

SOCIAL HISTORY. CHECK ALL THAT APPLY:

- ☐ NEVER SMOKER
- ☐ FORMER SMOKER
- ☐ CURRENT SMOKER: _____#PACKS PER DAY
- ☐ NO ALCOHOL USE
- ☐ DRINK ALCOHOL: _____#DAILY _____#WEEKLY
- ☐ HISTORY OF ALCOHOLISM
- ☐ NO ILLICIT DRUG USE
- ☐ ILLICIT DRUG USE
- ☐ HISTORY OF OPIOID ADDICTION
- ☐ EAT HEALTHY MEALS
- ☐ REGULAR EXERCISE
- ☐ TAKE DAILY ASPIRIN
- ☐ HOUSEHOLD SMOKE DETECTOR
- ☐ KEEP FIREARMS IN HOME
- ☐ WEARS SEATBELT

FAMILY HISTORY:

- ☐ DECEASED FATHER: _____
- ☐ DECEASED MOTHER: _____

OTHER:

ALLERGIES: ☐ NO KNOWN DRUG ALLERGIES

MEDICATIONS: ☐ NONE

PHARMACY: