

Job Description: _____

Work Schedule: _____

Recreation Activities: _____

Hobbies: _____

Level of Exercise: _____

Diet: _____

✓ **ALL APPLICABLE BOXES (Past History)**

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| <p>RESPIRATORY</p> <ul style="list-style-type: none"><input type="checkbox"/> Asthma / difficulty breathing<input type="checkbox"/> COPD<input type="checkbox"/> Emphysema<input type="checkbox"/> Chronic cough (wet / dry) <p>CARDIAC</p> <ul style="list-style-type: none"><input type="checkbox"/> Heart surgeries<input type="checkbox"/> Congestive heart failure<input type="checkbox"/> Murmurs/valve disease<input type="checkbox"/> Heart attacks / MIs<input type="checkbox"/> Heart disease/problems<input type="checkbox"/> Hypertension<input type="checkbox"/> Pacemaker<input type="checkbox"/> Angina/chest pain<input type="checkbox"/> Irregular heartbeat <p>NEUROLOGICAL</p> <ul style="list-style-type: none"><input type="checkbox"/> Visual changes/loss<input type="checkbox"/> One-sided muscle weakness R / L<input type="checkbox"/> History of Seizures<input type="checkbox"/> One-sided decreased feeling R / L<input type="checkbox"/> Headaches<input type="checkbox"/> Memory loss<input type="checkbox"/> Tremors<input type="checkbox"/> Vertigo<input type="checkbox"/> Loss of smell<input type="checkbox"/> Strokes / TIAs <p>ENDOCRINE</p> <ul style="list-style-type: none"><input type="checkbox"/> Thyroid disease<input type="checkbox"/> Hormone replacement therapy<input type="checkbox"/> Diabetes<input type="checkbox"/> Injection steroid replacement | <p>URINARY</p> <ul style="list-style-type: none"><input type="checkbox"/> Renal calculi/stones<input type="checkbox"/> Bladder infections<input type="checkbox"/> Dialysis<input type="checkbox"/> Hematuria (blood in urine)<input type="checkbox"/> Difficulty urinating<input type="checkbox"/> Urinary incontinence<input type="checkbox"/> Kidney disease <p>GASTRO-INTESTINAL</p> <ul style="list-style-type: none"><input type="checkbox"/> Nausea<input type="checkbox"/> Difficulty swallowing<input type="checkbox"/> Ulcerative disease<input type="checkbox"/> Frequent abdominal pain<input type="checkbox"/> Hiatal hernia<input type="checkbox"/> Constipation<input type="checkbox"/> Bowel incontinence<input type="checkbox"/> Gastric reflux / heartburn <p>HEMATOLOGICAL</p> <ul style="list-style-type: none"><input type="checkbox"/> Anemia<input type="checkbox"/> NSAID pain medication<input type="checkbox"/> HIV positive<input type="checkbox"/> Atypical<input type="checkbox"/> bleeding/bruising<input type="checkbox"/> Sickle-cell anemia<input type="checkbox"/> Enlarged lymph nodes<input type="checkbox"/> Hemophilia<input type="checkbox"/> Blood clots / DVT<input type="checkbox"/> Anticoagulant therapy<input type="checkbox"/> Regular use of Aspirin | <p>DERMATOLOGICAL</p> <ul style="list-style-type: none"><input type="checkbox"/> Significant burns<input type="checkbox"/> Significant rashes<input type="checkbox"/> Psoriatic disorders<input type="checkbox"/> Skin grafts<input type="checkbox"/> Changes in moles <p>MUSCULOSKELETAL</p> <ul style="list-style-type: none"><input type="checkbox"/> Rheumatoid arthritis<input type="checkbox"/> Gout<input type="checkbox"/> Osteoarthritis<input type="checkbox"/> Broken bones<input type="checkbox"/> Spinal fracture<input type="checkbox"/> Spinal surgery<input type="checkbox"/> Joint surgery<input type="checkbox"/> Arthritis (unknown type)<input type="checkbox"/> Metal implants <p>PSYCHOLOGICAL</p> <ul style="list-style-type: none"><input type="checkbox"/> Depression<input type="checkbox"/> Suicidal thoughts<input type="checkbox"/> Bipolar disorder<input type="checkbox"/> Homicidal thoughts<input type="checkbox"/> Schizophrenia<input type="checkbox"/> Psychiatric hospitalizations <p>GENERAL</p> <ul style="list-style-type: none"><input type="checkbox"/> Cancer<input type="checkbox"/> Stress<input type="checkbox"/> Other _____ |
|---|--|--|

Is there any addition pertinent medical history you wish to disclose?

Signature _____

Date _____

Please feel free to discuss our fees. Fees are payable when services are received unless special arrangements are made in advance.