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### **Family History**

Has anyone in your *immediate family* had any of the following? List the relative.

Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_  
Stroke \_\_\_\_\_ Cancer – type \_\_\_\_\_  
Bleeding Disorder \_\_\_\_\_ Other \_\_\_\_\_

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### **Social History**

Marital Status (optional please circle)    Single                  Married                  Divorced                  Widowed

Occupation: \_\_\_\_\_ Height : \_\_\_\_\_ Weight: \_\_\_\_\_

Do you smoke? **Y/N**      If yes, how many packs per day? \_\_\_\_\_ per week? \_\_\_\_\_ per month? \_\_\_\_\_

If former smoker how long ago did you quit? \_\_\_\_\_

Do you drink alcohol? **Y/N**    If yes, how often? \_\_\_\_\_    Type of Alcohol: \_\_\_\_\_

Activities/Exercise: \_\_\_\_\_

For females: Are you pregnant? **Y/N**    Are you planning pregnancy?    **Y/N**

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### **REVIEW OF SYSTEMS**

Do you have any of the following symptoms **right now?**

I have none of these symptoms

Constitutional

Loss of appetite  
Unexpected weight loss  
Fever/Chills  
Fatigue

Respiratory

Difficulty Breathing  
Cough  
Wheezing

Psychiatric

Anxiety  
Depression

Eyes

Difficulty seeing  
Recent changes in vision

Gastrointestinal

Abdominal Cramping  
Nausea/Vomiting  
Heartburn

Hematological

Bruising tendency  
Bleeding tendency

Ear/Nose/Throat/Mouth

Nose Bleeds  
Difficulty Swallowing  
Recent chest cold

Musculoskeletal

Joint Pain or Stiffness  
Joint Swelling  
Spasms

Endocrine

Heat/Cold intolerance  
Excessive thirst

Cardiovascular

Chest Pain  
Irregular Heartbeat  
Swelling in the legs

Neurological

Dizziness  
Seizures  
Numbness

Skin

Poor Healing  
Rash  
Ulcers