

Current Job:	Job duties:
Industry:	Chief Complaints:

Please check the appropriate box for present and past illnesses and injuries.

- HEAD / NECK**
- Frequent Headaches
 - Migraines
 - Neck Pain/Lumps
 - Thyroid Problems
 - Injury

- EYES**
- Blurred Vision
 - Glaucoma
 - Cataracts
 - Wear Glasses / Contacts
 - Injury / Impaired Vision

- EARS**
- Hearing Loss
 - Earache
 - Drainage
 - Ringing
 - Hearing Aid
 - Injury
 - Motion Sickness

- NOSE / THROAT**
- Sinus Troubles
 - Nose Bleeds
 - Sore Throats
 - Difficulty Swallowing
 - Difficulty Smelling

- MOUTH**
- Sores / Cold Sores
 - Gum Disease
 - Dental Problems
 - Change in Taste

- RESPIRATORY**
- Shortness of Breath
 - Wheezing
 - Productive Cough
 - Chronic Cough
 - Emphysema
 - Asthma

- CARDIOVASCULAR**
- Chest Pain
 - Irregular Heartbeat
 - High Blood Pressure
 - Swollen Ankles
 - Varicose Veins
 - Thrombophlebitis
 - Stroke
 - Blood Clots
 - Rheumatic Fever

- URINARY**
- Frequency
 - Burning / Pain
 - Kidney Stones
 - Incontinence
 - Blood in Urine
 - Kidney / Bladder Disease

- NERVOUS SYSTEM**
- Weakness
 - Speech Problems
 - Seizures
 - Memory Loss
 - Tremors
 - Fainting / Dizzy
 - Multiple Sclerosis
 - Parkinson's Disease
 - Poliomyelitis

- SKIN**
- Itching
 - Rash
 - Jaundice
 - Sores / Lesions
 - Scaling
 - Change in Moles

- METABOLIC**
- Weight Gain or Loss
 - Frequent Hunger or Thirst
 - Dryness of Skin / Hair
 - Sensitive to Hot or Cold
 - Diabetes

- DIGESTIVE**
- Stomach / Abdominal Pain
 - Loss of Appetite
 - Nausea / Vomiting
 - Heartburn
 - Black Stools
 - Rectal Bleeding
 - Hemorrhoids
 - Change in Bowel Habits
 - Ulcers
 - Colitis
 - Gall Stones
 - Liver Disorder
 - Tumors
 - Spleen Injury/Disorder

- MUSCULOSKELETAL**
- Fractures
 - Achy Joints
 - Weakness
 - Paralysis
 - Shoulder Pain
 - Sprains
 - Swollen Joints
 - Bursitis
 - Trick Knee
 - Back Pain
 - Dislocation
 - Amputations
 - Hernia / Rupture
 - Slipped Disc
 - Whiplash
 - Arthritis / Gout
 - Tendonitis
 - Pain Down Legs
 - Bone Infection

- HEMATOLOGY**
- Anemia
 - Cancer (Leukemia)
 - Blood Diseases
 - Bruise Easily

- EMOTIONAL STATE**
- Difficulty Sleeping
 - Depression / Anxiety / Stress
 - Thoughts of Hurting Yourself
 - Thoughts of Hurting Others

- ALLERGIES**
- Seasonal / Environmental
 - Medication
 - Food

Please list any allergies.

- OB/GYN**
- Pregnant
 - Breastfeeding

ALCOHOL USE

Current _____ Drinks per week?

Past _____ Year you quit?

TOBACCO USE

Smokeless Tobacco

Cigarettes _____ # packs per day?
_____ # years?

Former Smoker _____ Year you quit?
_____ # packs per day?
_____ # years?

Pipe or Cigars _____ How often?

DRUG USE

- Marijuana
- Cocaine
- Heroin
- Prescription Drugs

Other Drugs:

MILITARY

Active Duty
 Veteran

_____ Branch
_____ How long?

WORKER'S COMP

Active Claim

_____ Claim #
_____ Date of Injury

Please list any previous WC claims.

Please list past medical history, including any surgeries.

Please list medications.

Please list any questions for the physician.

_____ Patient Signature

_____ Date

(Clinic use only.)

_____ Physician Signature

_____ Date