

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

WORKER'S COMP

Active Duty
 Veteran

Active Claim

_____ Branch
_____ How long?

_____ 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