

INITIAL VISIT INFORMATION

NAME: _____ **DOB:** _____ **AGE:** _____

REASON FOR VISIT *(Please be specific)* _____

Have you completed Physical Therapy for this condition? () YES () NO

Have you completed Pain Management Treatment for this condition? () YES () NO

MEDICAL HISTORY

Select and list relevant medical conditions:

- () Arthritis
- () Asthma
- () Bleeding Disorders
- () Cancer
- () Diabetes
- () Emphysema
- () Pacemaker
- () Epilepsy
- () Heart Disease
- () Hepatitis
- () High Blood Pressure
- () Kidney Disease
- () Neurologic Disorder
- () Stents

() _____

MEDICATIONS

List all medications you are taking:

FAMILY HISTORY

Select and list all that apply:

- () Asthma
- () Cancer
- () Diabetes
- () Heart Disease
- () High Blood Pressure
- () Kidney Disease
- () Strokes
- () _____

Please turn page over and continue on reverse side

SURGICAL HISTORY

List all surgeries you have undergone with dates:

ALLERGIES

Medications, food, contact, environmental:

() Adverse reaction to CT or MRI contrast (dye)

() Adverse reaction of Anesthesia

RELATED HEALTH

- Are you a smoker? () YES () NO
- Do you drink alcohol regularly? () YES () NO
- Do you use drugs? () YES () NO

SOCIAL HISTORY

- Are you currently working? () YES () NO
- Occupation: _____
- Do you have children? () YES () NO
- Are you currently pregnant? () YES () NO

REVIEW OF SYSTEMS

Check all that apply:

GENERAL · CONSTITUTIONAL

- Weight loss
- Weight gain
- Decreased energy
- Fever
- Sweats

SKIN · BREAST

- Rash
- Itching
- Skin infections
- Sore that won't heal
- Hives
- Change in mole
- Change in skin or hair texture
- Hair loss
- Abnormal hair growth
- Nail changes
- Breast lumps, tenderness, swelling
- Nipple discharge

EYES · EARS · NOSE · MOUTH · THROAT

- Headaches
- Vertigo
- Lightheadedness
- Worsening of vision
- Double vision
- Blind spots
- Flashes, haloes, floaters
- Nosebleeds
- Fluid from nose or ears
- Dental infections
- Recurrent ear infections
- Dentures
- Loss of hearing
- Trouble swallowing
- Change in voice

CARDIOVASCULAR

- Chest pain
- Rapid heart beat
- Irregular heart beat
- Heart murmur
- Fainting
- Shortness of breath with activity
- Shortness of breath while lying flat

- Swelling in ankles
- Poor circulation
- Varicose veins
- Blood clots in legs
- High blood pressure

RESPIRATORY

- Shortness of breath
- Pain with breathing
- Cough
- Coughing up blood
- Wheezing
- Asthma
- Blood clots in lungs
- Bronchitis
- Pneumonia
- Tuberculosis

GASTROINTESTINAL

- Poor appetite
- Indigestion, heartburn
- Abdominal Pain
- Constipation
- Diarrhea
- Nausea
- Vomiting
- Blood in stool
- Hemorrhoids
- Incontinence of stool

GENITOURINARY

- Urgency
- Frequency
- Painful urination
- Lack of bladder control
- Incontinence of urine
- Urinary retention
- Urinary tract infection
- Blood in urine
- Problems with erections
- Loss of libido
- Irregular menstruation
- Painful menstruation
- Genital sores
- Genital discharge

MUSCULOSKELETAL

- Painful muscles or joints
- Loss of muscular strength

- Broken bones
- Osteoporosis (weak bones)
- Arthritis
- Muscle cramping
- Decrease in muscle size

NEUROLOGIC

- Convulsions
- Paralysis
- Tremor
- Incoordination
- Tingling
- Numbness
- Memory loss
- Difficulties with speech
- Stroke
- Seizures
- Multiple sclerosis
- Parkinson's disease

ALLERGIC · IMMUNOLOGIC

- Reactions to medicines
- Immune deficiency
- AIDS
- Multiple allergies

HEMATOLOGIC · LYMPHATIC

- Anemia
- Blood transfusion
- Easy bruising
- Bleeding tendency
- Blood clots
- Lymph node enlargement
- Tender lymph nodes

ENDOCRINE

- Increased thirst
- Intolerance to heat
- Intolerance to cold
- Hormone therapy

PSYCHIATRIC

- Depression
- Nervousness
- Anxiety
- Emotional problems
- Previous psychiatric care
- Unusual perceptions
- Hallucinations