

MEDICAL HISTORY

Name: _____ Date: _____

Age: _____ Height: ___ ft ___ in Weight: ___ lbs

Who is your primary care physician?: _____

Do you have any illnesses/medical problems/health conditions?

Heart problems/diabetes/elevated cholesterol/high blood pressure

Other: _____

List all previous surgeries/procedures:

Do you have any allergies?: YES/NO If yes, what are they?: _____

Do you smoke?: YES/NO How long? _____ How many packs/day? _____

Do you drink alcohol? YES/NO Quantity: _____

Do any conditions run in your family? (circle or write in)

Diabetes/cancer/leukemia/tuberculosis/heart trouble/high blood pressure/
stroke/anemia/bleeding tendency/kidney disease/ _____

List all current medications (include herbs/supplements/vitamins):

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Do you or have you ever had any of the following problems?:

	YES	NO
Skin:		
Skin infections or boils?		
Sores that do not heal?		
Change in skin moles?		
Head:		
Recent severe headaches?		
Blackout or fainting spells?		
Convulsions or epilepsy?		
Eye, Ear, Nose & Throat:		
Difficulty or pain with swallowing?		
Glaucoma?		
Ear infections?		
Trouble with balance?		
Breasts: (both women and men please answer)		
Do you have a lump or tumor now?		
Have you ever had discharge from a nipple?		
Heart & Lungs:		
Does shortness of breath limit mobility?		
Frequent cough?		
Emphysema?		
Chest pain or discomfort?		
Leg cramps at night?		

Leg aches when walking?		
Tuberculosis?		
Pneumonia?		
Coughing up of blood?		
Heart attack or coronary problems?		
Do you prop yourself up to sleep?		
Angina?		
Blood clots?		
Abnormal electrocardiogram (EKG)?		
Heart murmur?		
High blood pressure?		
Varicose veins on legs?		
Swollen ankles?		
Inflamed veins (thrombophlebitis)?		
Stomach & Bowels:		
Pain, indigestion or heartburn?		
Cramps in the stomach or abdomen?		
Bloody or black bowel movements?		
Are you currently taking iron?		
Frequent loose stool or diarrhea?		
Recent change in bowel habits?		
Stomach, duodenal or peptic ulcer?		
Hepatitis or cirrhosis?		
Kidney & Bladder:		
Do you get up often at night to urinate?		
Has urination been painful recently?		
Have you ever had a kidney infection?		
Do you lose control of your bladder?		
Have you ever had kidney stones?		
Glands:		
Sugar diabetes?		
Sugar in urine or blood?		
A thyroid disorder?		
Other glandular problems?		
Blood:		
Swollen glands in armpits, neck or groin?		
Excessive bleeding with operations?		
A diagnosis of "bleeder" ?		
A diagnosis of anemia?		
Nervous System:		
Ever had numbness of your arms or legs?		
Ever lost control of your legs?		
Ever lost control of your hands?		
Ever had a stroke or paralysis?		
Often been depressed or worried?		
Constantly felt tense or nervous?		
Been treated for emotional problems?		
Muscles & Bone:		
Recent severe back pain?		
Arthritis?		
A bone infection (osteomyelitis)?		
Recent joint swelling or pain?		
A broken bone?		
Gout?		

FOR OFFICE USE ONLY

Douglas M. Freedman, M.D.

Date