Patient Medical History

Patient Name: _____

Patient's Initials: _____ Date: _____

I. Have you ever been diagnosed as having any of the following conditions? FILL IN THE APPROPRIATE CIRCLES.

	NO	YES (Diagnosed within the last 12 months)	YES (Diagnosed more than 12 months ago)		NO	YES (Diagnosed within the last 12 months)	YES (Diagnosed more than 12 months ago)
1. Lung cancer	O	O	O	7. Leukemia cancer	O	O	O
2. Breast cancer	O	O	O	8. Lymphoma cancer	O	O	O
3. Prostate cancer	O	O	O	9. Other cancer. (Please list.)	O	O	O
4. Colon cancer	O	O	O	_____	O	O	O
5. Skin cancer	O	O	O	_____	O	O	O
6. Bone cancer	O	O	O	_____	O	O	O

	NO	YES
10. Chronic urinary tract/bladder infection (3 episodes or more during the last 12 months).	O	O
11. Pneumonia	O	O
12. Bone or joint infection	O	O
13. Pelvic inflammatory disease	O	O
14. Kidney infection	O	O
15. Other infection. Please list: _____	O	O
_____	O	O
_____	O	O

	NO	YES			NO	YES
16. Heart attack	O	O	33. Rheumatoid arthritis		O	O
17. Heart valve problems	O	O	34. Degenerative osteoarthritis or wear-and-tear arthritis		O	O
18. Deep venous thrombosis (blood clots in the legs)	O	O	35. Gout		O	O
19. Arterial blockage of the legs	O	O	36. Ankylosing spondylitis		O	O
20. High blood pressure	O	O	37. Hepatitis		O	O
21. Stroke (including transient ischemic attacks or mini strokes)	O	O	38. Stomach/duodenal ulcers		O	O
22. Anemia/low blood levels	O	O	39. Epilepsy/Seizures		O	O
23. Asthma	O	O	40. Headaches~more than 1 per week		O	O
24. Emphysema	O	O	41. Endometriosis		O	O
25. Chemical dependency	O	O	42. Urinary incontinence		O	O
26. Depression	O	O	43. Osteoporosis		O	O
27. Tuberculosis	O	O	44. Other illnesses diagnosed by a physician. (Please list.)			
28. Hypothyroid (low)	O	O	_____		O	O
29. Hyperthyroid (high)	O	O	_____		O	O
30. Diabetes (diagnosed before age 18)	O	O	_____		O	O
31. Diabetes (diagnosed after age 18)	O	O				
32. Multiple sclerosis	O	O				

II. SURGERIES

	NO	YES (Surgery within the last 12 months)	YES (Surgery more than 12 months ago)			NO	YES (Surgery within the last 12 months)	YES (Surgery more than 12 months ago)
45. Caesarian section	O	O	O	52.	Carpal tunnel surgery	O	O	O
46. Hysterectomy	O	O	O	53.	Hernia repair	O	O	O
47. Heart surgery				54.	Tonsillectomy	O	O	O
(bypass)	O	O	O	55.	Other surgeries. (Please list.)			
48. Prostate surgery	O	O	O		_____	O	O	O
49. Appendectomy	O	O	O		_____	O	O	O
50. Gall bladder surgery	O	O	O		_____	O	O	O
51. Bone/joint surgery	O	O	O		_____	O	O	O
(Total joint replacement, knee or shoulder surgery)								

III. During the past week, have you taken any of the following medications not prescribed by a physician?

	NO	YES			NO	YES
56. Advil, Motrin, Aleve	O	O	61.	Decongestants/antihistamines	O	O
57. Aspirin	O	O	62.	Tagamet, Zantac, Pepcid	O	O
58. Tylenol/acetaminophen	O	O	63.	Herbal medicines	O	O
59. Antacids			64.	Other Medications. (Please list.)		
(e.g., Tums, Rolaids)	O	O		_____	O	O
60. Laxatives	O	O		_____	O	O
				_____	O	O

IV. During the past week have you taken any of the following PHYSICIAN-prescribed medications?

	NO	YES
65. Aspirin	O	O
66. Anti-inflammatories (e.g., Motrin, Naprosyn, Relafan, Orudis)	O	O
67. Tylenol/acetaminophen	O	O
68. Muscle Relaxors (e.g., Valium)	O	O
69. Prescribed pain relievers (Darvocet, Darvon, Percocet, Vicodin, Tylenol with codeine)	O	O
70. Birth control pills	O	O
71. Hormone replacement therapy (estrogens/progesterones)	O	O
72. High blood pressure medications	O	O
73. Water pills (diuretics) for reasons other than high blood pressure	O	O
74. Stomach ulcer medications	O	O
75. Heart medications	O	O
76. Antibiotics	O	O
77. Thyroid medication	O	O
78. Asthma medication	O	O
79. Antidepressant medication	O	O
80. Insulin	O	O
81. Seizure medication	O	O
82. Decongestants/antihistamines for sinus or allergy problems	O	O
83. Other medications. Please list: _____	O	O
_____	O	O
_____	O	O