



MEDICAL HISTORY

Patient's Name: Problem or Reason for Visit:

Current medications (incl. Aspirin, insulin, inhalers, eye drops, supplements); you may attach an additional sheet if necessary.

Table with 6 columns: Medication, Dose, How often?, Medication, Dose, How often? with 8 numbered rows for data entry.

Allergies to Medications (please also state type of reaction); Check here if no allergies: []

1. 2. 3. 4.

Medical History (please check if you have, or have had, any of the following):

- High blood pressure, High cholesterol, Heart attack, Other heart disease, Asthma as an adult, Emphysema, Diabetes, Stroke, Blood clots, Cancer, Liver failure, Kidney failure, Ulcer disease, Hepatitis, HIV or AIDS, Other medical conditions, Smoking, Alcohol use, Caffeine, Family history of any of these (and state who): Colorectal cancer, Colorectal polyps, Ulcerative colitis/Crohn's, Other diseases.

Surgeries (list type of surgery and approximate year):

1. 2. 3. 4. 5. 6.

Symptoms Review (check beside symptoms you have regularly; if box is not checked, it is assumed you do not have symptom):

- Constitutional: Chills, Fever, Malaise, Weight loss; Cardiac: Chest pain, Leg swelling, Palpitations; Gastrointestinal: Abdominal pain, Change in bowel habits, Constipation, Diarrhea, Trouble swallowing, Heartburn, Vomiting, Blood in stool, Loss of appetite; Respiratory: Shortness of breath, Frequent cough, Pain with deep breath, Wheezing; Genitourinary: Painful urination, Blood in urine, Urinary frequency, Urinary incontinence, Urinary retention; Reproductive (female): Breast lumps, Breast pain, Vaginal discharge; Metabolic/Endocrine: Cold intolerance, Excessive thirst, Heat intolerance; Neurologic: Dizziness, Headache, Numbness, Tremors, Spinning sensation; Psychiatric: Anxiety, Depression, Increased stress, Prev. psychiatric care; Skin: Contact allergy, Hives, Pruritus, Rash; Musculoskeletal: Back pain, Myalgia, Joint pain; Hematologic/Lymphatic: Easy bleeding, Easy bruising, Swollen lymph nodes; Immunologic: Asthma, Chemicals at workplace, Food allergies, Immunosuppression, Seasonal allergies.

Pharmacy and Location: Pharmacy Number:

Patient Signature: Date: