Date _____ Referred By _____

Name _____ Regular Physician _____ OK to Contact _____

Please write the reason you came at this time. _____

What is your main medical problem now and how long have you had it? _____

What is your main symptom? _____

Please circle illnesses or conditions you have had.

Diabetes	Glaucoma	Heart trouble	Syphilis	Vein trouble	High blood pressure
Cancer	Asthma	Jaundice	Gonorrhea	Bleeding tendencies	Kidney disease
Tuberculosis	Pneumonia	Hepatitis	Rheumatic fever	Nervous disorder	Stroke

Other: _____

Previous operations. Please list, giving dates, hospital where performed and name of surgeon. _____

_____

Please list other illnesses not requiring operation for which you were hospitalized. _____

_____

Have you had serious injuries, broken bones, etc.? _____ List. _____

_____

Medications. Please name or otherwise identify medicines now or recently used (including natural medicines or vitamins). _____

_____

_____

Have you allergy or sensitivity to medications or other substances? _____ Please describe. _____

_____

Do you use tobacco now? _____ In the past? _____ Type and daily amount _____ How long? _____

Do you use alcoholic beverages? _____ In the past? _____ Type _____ Weekly amount _____ How long? _____

Menstrual History. Last period. _____ (Date onset) Periods are ☐ Regular ☐ Irregular Number of pregnancies _____ Number of miscarriages _____

Have you taken Cortisone-type drugs? _____ Oral contraceptives? _____ Have you received a blood transfusion? _____ Date _____

Your weight dressed _____ How long have you been at this weight? _____ Height _____

Who lives at home with you or can help with your care at home? _____

_____

FAMILY HISTORY

Please circle illnesses which have occurred in any of your blood relatives.

Diabetes	Cancer	Bleeding tendencies	Kidney Disease	Tuberculosis
Heart disease	Stroke	High blood pressure	Nervous illness	Allergy

	Living		Health or Cause of Death
Father	Yes	No	_____
Mother	Yes	No	_____
Your Brothers and Sisters	Yes	No	_____

Your Number of Children _____ Ages and Health _____