

PATIENT HISTORY – OVERALL HEALTH REVIEW

TODAY'S DATE: _____ **PATIENT NAME:** _____

***Circle ALL diseases that you experience and/or illnesses that you currently have or have had in the past.**

EYES

- Blindness
- Blurred Vision/Glasses
- Cataracts
- Double Vision
- Glaucoma
- Macular degeneration
- Retinal disease

EARS

- Hearing Aid(s)
- Hearing Loss
- Infections
- Mastoid Cholesteatoma
- Pain
- Perforation
- Ringing (Tinnitus)
- Wax

NOSE

- Deviated Nasal Septum
- Loss of Smell
- Nasal Polyps
- Nosebleeds
- Post Nasal Drip
- Runny Nose
- Sinusitis
- Snoring
- Trauma-Broken Nose

MOUTH / THROAT

- Cold Sores
- Difficulty Swallowing
- Dry mouth
- Hoarseness/Voice Changes
- Loss of Taste
- Sleep Apnea
- Sore Throat/ Pharyngitis
- Stops Breathing at Night
- Swollen Glands/Lymph Nodes

RESPIRATORY

- Asbestosis
- Asthma
- COPD
- Cough
- Coughing up Blood
- Cystic fibrosis
- Emphysema
- History or contact with Tuberculosis
- Pneumonia
- Pulmonary fibrosis

IMMUNE SYSTEM / ALLERGY

- AIDS
- Allergic to Bee Stings
- Hay fever
- Herpes
- HIV
- Hives
- Immunizations up to date
- Inhalant Allergies
- Lupus

SKIN

- Discolored Areas
- Easily Bruising
- Eczema
- Psoriasis
- Rash
- Skin cancers/growths
- Ulcers

ENDOCRINE

- Diabetes
- Menopause
- Parathyroid
- Pituitary Gland Problem
- Thyroid Disorder

NERVOUS SYSTEM

- Alzheimer's/Dementia
- Amyotrophic lateral sclerosis (ALS)
- Cerebral palsy
- Dizziness/Vertigo
- Headaches
- Loss of consciousness
- Multiple Sclerosis (MS)
- Myasthenia gravis (MG)
- Neuralgia
- Numbness
- Paralysis
- Parkinson's disease
- Poor Memory
- Seizures
- Shingles
- Speech Problems
- Stroke/CVA/TIA
- Tremors/Shakes
- Tumor

GASTORINTESTINAL

- Abdominal Bleeding
- Cirrhosis
- Colitis
- Diarrhea
- Heartburn / Indigestion
- Hiatal Hernia
- Liver Disease
- Ulcers
- Vomiting

CARDIOVASCULAR

- Abnormal heart rhythm (AFIB)
- Cardiovascular disease
- Chest Pain/ Angina
- Congestive Heart Failure
- Coronary artery bypass graft surgery
- Heart Attack
- Heart Murmur
- Heart Surgery/Stents
- High Cholesterol
- Hypertension (High Blood pressure)
- Irregular Heartbeat / Arrhythmia
- Mitral Valve Prolapse
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MUSCULOSKELETAL

- Arthritis
- Disorders of Joints (DJD)
- Gout
- Grinding of Teeth (Bruxism)
- Jaw joint pain / Cracking (TMJD)
- Joint Replacement _____
- Osteoarthritis
- Osteopenia
- Osteoporosis
- Rheumatoid arthritis
- Spinal Disease (Back/Neck)
- Weakness

UROLOGY

- Gall Bladder
- Kidney Disease
- Prostate

CANCERS

- Bone
- Brain
- Breast
- Cervical
- Colon
- Leukemia
- Liver
- Lung
- Lymphoma
- Prostate/Bladder
- Skin
- Throat/Oral
- Uterine
- Chemotherapy
- Radiation Therapy
- Surgery Therapy

BLOOD

- Anemia
- Bleeding Disorder
- Sickle Cell Anemia
- Transfusion
- Hepatitis

*** History Reviewed by Doctor:**

Dr. Initial	Date	Dr. Initial	Date

*** I have completed this form to the best of my ability.**

Patient Signature

Date