





List illnesses or operations and approximate year

Hospitalizations/Surgeries	Year

Attach additional sheet if necessary for medications and/or hospitalizations.

**PERSONAL MEDICAL HISTORY** Please check/circle all that apply to you:

- General:** Weight loss: amount \_\_\_\_\_ time \_\_\_\_\_  
Weight gain: amount \_\_\_\_\_ time \_\_\_\_\_  
Fatigue / Anemia / Fever / Bruise easily / Night Sweats /  
Loss of appetite
- Cancer** – What kind? \_\_\_\_\_
- Digestive or Liver Disorder:** Diarrhea / Heartburn /  
Black stools / Nausea / Blood in stools / Constipation /  
Stomach pain / Trouble Swallowing / Vomiting / Bloating /  
Gas / Poor appetite
- Hepatitis:** Type \_\_\_\_\_
- Heart Disorder:** High Blood Pressure / Heart valves /  
Heart attacks Blood Clots / Chest Pain /  
Irregular Heartbeat / palpitations
- TB:** Year of diagnosis \_\_\_\_\_
- Respiratory (lung) Disorder:** \_\_\_\_\_  
Asthma / Bronchitis / Cough / Pneumonia
- Thyroid Disorder:** \_\_\_\_\_
- Diabetes:** When diagnosed? \_\_\_\_\_
- Kidney Disorder:** Infections / Stones / Blood in urine / Pain
- Active Infections:** C Difficile / MRSA /  
Herpes: When and how treated? \_\_\_\_\_
- Use Oxygen?** When? \_\_\_\_\_

- Sleep Apnea**
- Bones and Joints:** Arthritis/rheumatism / Back Pain
- Artificial Joint(s)** When? \_\_\_\_\_  
**Mastectomy:** R \_\_\_\_\_ L \_\_\_\_\_
- Eyes, Ears, Nose, Throat Disorders:**  
Dizziness / Sinus / Cataracts / Hoarseness
- Neurological Disorder:** \_\_\_\_\_  
Chronic headaches / Seizures / Stroke / Anxiety / Tremors /  
Depression / Numbness / Panic attacks / Sleeping problems
- Glaucoma**
- Smoker:** Packs/day \_\_\_\_\_
- Alcohol Use:** Drinks/day \_\_\_\_\_
- Cocaine, Marijuana, etc. use:** \_\_\_\_\_
- Do you use aspirin or ibuprofen products on a regular basis?**  
How often? \_\_\_\_\_ Last Dose? \_\_\_\_\_
- Are you taking a blood thinner?** \_\_\_\_\_
- Recent Foreign Travel:** When? \_\_\_\_\_  
Where? \_\_\_\_\_

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date