

8. Please list all current and prior medical problems and prior surgeries (with date): _____

9. Please list all medications: _____

10. List any allergies or bad reactions to drugs, foods, dyes, latex, rubber goods: _____

11. Are you Married Single Partner Divorced Widowed Children How many? _____
12. Smoking _____ packs a day. If quit, when? _____
Alcoholic Beverages Daily _____
13. What is your highest grade completed? _____
14. Work History:
Employer: _____ Job Title: _____ Date of Hire (current job): _____
Last date full duty: _____ Hours per week: _____
Are you receiving Worker's Compensation?: Yes No
Is there litigation or lawyers involved?: Yes No
If yes, briefly explain: _____
15. Family History:
Mother: Living Deceased If deceased, of what?: _____
Father: Living Deceased If deceased, of what?: _____
What medical problems are in your family?
 Cancer Diabetes Heart Disease
 Bleeding Disorders Heart Murmur Thyroid Disorder
 Other: _____
16. Does anyone in your family have chronic pain or disability?: _____

Review of System - To Be Completed by Patient - Do you or have you ever had?

Head, Eyes, Ears, Nose and Throat:

- Glaucoma Cataracts
- Double Vision Blindness
- Dizzy Spells Fainting Spells
- Severe Headache Deafness
- Ringing in Ears Sores in Mouth
- Nose Bleeds
- Difficulty Swallowing
- Difficulty Sleeping

Cardiovascular, Respiratory:

- Heart failure Chest Pain
- Persistent swelling in ankles
- High Blood Pressure
- Emphysema Asthma
- Chronic Cough
- Coughing up blood
- Shortness of breath on exertion

Gastrointestinal:

- Weight Loss Weight Gain
- Chronic Heartburn Ulcers
- Prior Alcohol/Drug Treatment
- Liver Disease Cirrhosis
- Loss of Appetite Irregular Bowels
- Constipation Bloody Stools
- Caffeine Beverages Daily

Endocrine:

- Diabetes Excessive Thirst
- Thyroid Gout
- Rheumatism Arthritis
- Growth Problems Stress
- Sensitive to hot or cold environment
- Recent swelling in hands and feet
- Broken Bones

Genito-urinary:

- Bloody Urine Venereal Disease
- Bladder Infections Kidney Disease
- Frequent Urination Painful Urination
- Loss of Urine on sneezing or coughing

Coagulation:

- Frequent Bruising Abnormal Clotting
- Abnormal Bleeding Blood Thinners
- Bleeding after other operations
- Aspirin

Orthopaedic/Neurologic:

- Joint Pain Tremors
- Stroke Depression
- Seizures Anxiety
- Loss of Coordination
- Paralysis of any part
- Nerve Disorder or "Nerve Troubles"

Patient Signature: _____

Physician Signature: _____