

NAME: _____		DOB: _____	
PERSONAL MEDICAL HISTORY - Please circle Y or N to all diagnoses that apply to you and add notes as needed			
ARE YOU ADOPOTED? Yes No			
General History		Vascular	
Chronic Fatigue	Y N	Blood Clots	Y N
Chronic Pain	Y N	CVA/Stroke	Y N
Disabilities	Y N	Peripheral Artery Disease	Y N
Fibromyalgia	Y N	Other Vascular History:	Y N
Long-Term Steroid Use	Y N	Gastrointestinal	
Allergy		Diverticulitis	Y N
Environmental/Food	Y N	GERD (heartburn)	Y N
Seasonal	Y N	GI Bleeding	Y N
Other	Y N	Irritable Bowel Syndrome (IBS)	Y N
Eyes		Other Gastrointestinal Condition	Y N
Cataracts	Y N	Renal	
Glaucoma	Y N	Chronic Kidney Disease	Y N
Macular Degeneration	Y N	Kidney Stone	Y N
Other Eye Condition	Y N	Dialysis (hemodialysis or peritoneal)	Y N
Date of Last Eye Exam		Other Renal Condition:	Y N
Ear, Nose, Throat		Genitourinary	
Ear Infection, recurrent	Y N	UTI (bladder infections)	Y N
Hearing Deficit	Y N	Musculoskeletal Disorders	
Sinusitis, recurrent	Y N	Arthritis	Y N
Vertigo	Y N	Bone Loss - Date of Last DEXA:	Y N
Other Ear, Nose or Throat Condition	Y N	Sciatica	Y N
Dental		Scoliosis	Y N
Date of Last Dental Exam		Other Musculoskeletal Condition:	Y N
Endocrine/Metabolic		Autoimmune	
Diabetes-Type:	Y N	Connective Tissue Disorder	Y N
Thyroid Problems	Y N	Lupus	Y N
Other Endocrine/Metabolic Condition	Y N	Rheumatoid Arthritis	Y N
Respiratory		Hematologic	
Asthma	Y N	Anemia	Y N
COPD/Emphysema	Y N	Bleeding Disorder/Tendency	Y N
Pneumonia	Y N	Cancer	
Oxygen Use	Y N	Type	
Other Respiratory Condition	Y N	Type:	
Sleep		Infectious Diseases	
Restless Leg Syndrome	Y N	AIDS/HIV	Y N
COPD/Emphysema	Y N	Hepatitis - Type:	Y N
Other Sleep Condition:	Y N	Tuberculosis	Y N
Cardiac		Neurologic	
Angina (Heart Pain)	Y N	Seizures	Y N
Atrial Fibrillation	Y N	Genetic/Congenital	
Heart Failure	Y N	Genetic/Congenital Condition	Y N
Hyperlipidemia (high cholesterol)	Y N	Events	
Hypertension (high blood pressure)	Y N	Blood Transfusion	Y N
Heart Disease	Y N	Gunshot Wound	Y N
MI (heart attack) - Date:	Y N	Head/Injury/Concussion	Y N
Arrhythmia/Palpitations	Y N	Motor Vehicle Accident	Y N
Other Cardiac Condtion	Y N	Other Major Medical Event(s)	Y N

