

Date: \_\_\_\_\_

**Patient Information**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Primary Care Doctor:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Secondary Provider:

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Phone: \_\_\_\_\_

**Medical History**

**Current Medications  
(RX or Over the counter)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Allergies**

(Drug, Environmental, Food, Latex)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please mark box if you have any of the following:**

**Constitution:**

- ☐ Developmental Disabilities
- ☐ Cancer
- ☐ Fatigue Syndrome
- ☐ Other \_\_\_\_\_

**ENT:**

- ☐ Hearing Loss
- ☐ Sinusitis
- ☐ Dry Mouth
- ☐ Laryngitis
- ☐ Other \_\_\_\_\_

**Neuro:**

- ☐ Multiple Sclerosis
- ☐ Epilepsy
- ☐ Cerebral Palsy
- ☐ Tumor
- ☐ Stroke / CVA
- ☐ Migraine
- ☐ Autism Spectrum Disorder
- ☐ Other \_\_\_\_\_

**Psych:**

- ☐ Depression
- ☐ Anxiety Disorder
- ☐ Attention Deficit Disorder
- ☐ Bipolar Disorder

**Cardiovasc:**

- ☐ Hypertension
- ☐ Stroke / CVA
- ☐ Heart Disease
- ☐ Vascular Disease
- ☐ Congestive Heart Failure
- ☐ Other \_\_\_\_\_

**Respiratory:**

- ☐ Asthma
- ☐ Bronchitis
- ☐ Emphysema
- ☐ COPD
- ☐ Sleep Apnea
- ☐ Other \_\_\_\_\_

**GI:**

- ☐ Crohn's
- ☐ Colitis
- ☐ Ulcer
- ☐ Acid Reflux
- ☐ Celiac Disease
- ☐ Other \_\_\_\_\_

**GU:**

- ☐ Kidney Disease
- ☐ Prostate Disease / Cancer
- ☐ STD – Herpetic / Chlamydia
- ☐ Benign Prostate Hypertrophy
- ☐ Pregnant
- ☐ Nursing
- ☐ Other \_\_\_\_\_

**Musc/Skel:**

- ☐ Arthritis
- ☐ Osteoarthritis
- ☐ Fibromyalgia
- ☐ Muscular Dystrophy
- ☐ Ankylosing Spondylitis
- ☐ Osteoporosis
- ☐ Gout
- ☐ Other \_\_\_\_\_

**Integ:**

- ☐ Eczema
- ☐ Rosacea
- ☐ Psoriasis
- ☐ Herpes Simplex/Cold Sores
- ☐ Herpes Zoster/Shingles
- ☐ Other \_\_\_\_\_

**Endo:**

- ☐ Type I Diabetes
- ☐ Type 2 Diabetes
- ☐ Thyroid Dysfunction
- ☐ Hormonal Dysfunction
- ☐ Other \_\_\_\_\_

**Hem/Lymph:**

- ☐ Anemia
- ☐ Ulcer
- ☐ Hypercholesteremia
- ☐ Large Volume Blood Loss
- ☐ Other \_\_\_\_\_

**Allergy/Imm:**

- ☐ Drug Allergies
- ☐ Environmental Allergies
- ☐ Rheumatoid Arthritis
- ☐ Lupus
- ☐ Sjogren's Syndrome
- ☐ Other \_\_\_\_\_

**Family Medical History**

- ☐ Cancer
- ☐ Diabetes (Type I or II)
- ☐ High Blood Pressure
- ☐ Thyroid Disorder
- ☐ Cataracts
- ☐ Glaucoma
- ☐ Macular Degeneration