

4. Respiratory

_____ Asthma _____ Chronic Cough _____ Emphysema
_____ Shortness of Breath _____ Lung Infections _____ Tuberculosis

5. Cardiovascular (Heart)

_____ Chest Pain _____ Heart Trouble _____ Heart Murmur
_____ High Blood Pressure _____ Palpitations/fluttering of the heart

6. Gastrointestinal (Stomach)

_____ Ulcers/Heartburn _____ Hepatitis _____ Bowel Irregularity

7. Genitourinary

_____ Kidney Disorder _____ Urinary Tract Infections _____ Prostate Disease

8. Endocrine (Glands)

_____ Thyroid Disorder _____ Diabetes

9. Allergy/Immunology/Hematology(Blood Problems)

_____ Bleeding Disorder _____ Frequent Infections _____ Cancer
_____ Anemia _____ Blood Transfusion _____ Arthritis

10. Neurological/Psychiatric(Nerves)

_____ Seizures _____ Mental Disorder _____ Stroke

Family History Have any relatives ever had any of the following? If so, Whom?

Allergies _____ Cancer _____
Asthma _____ Diabetes _____
Reaction to Anesthesia _____ Bleeding Disorder _____
Hearing Loss _____ Heart Disease _____
Stroke _____ Arthritis _____
Thyroid Disease _____ Kidney Disease _____

Social History and Habits

Tobacco: _____ None

_____ Cigarettes _____ Cigars _____ Chew _____ Pipes
_____ packs per day/#per day _____ Age Started _____ Age Stopped _____

Alcohol:

Present Use: _____ Never _____ Occasional _____ Frequently _____ Daily
Past Use: _____ Never _____ Occasional _____ Frequently _____ Daily

Occupations: Current _____

_____ Married _____ Single _____ Divorced _____ Past _____
_____ Separated _____ Widowed
Number of Children _____

Women Only:

Are you pregnant? () Yes () No
Are you planning pregnancy? () Yes () No