

MEDICAL HISTORY continued

Respiratory (Lungs)

- Asthma
- COPD
- Emphysema
- Shortness of Breath
- Tuberculosis
- Other Disease _____

Psychiatric

- Anxiety
- Depression
- Psychosis
- Schizophrenic
- Other Disease _____

Endocrine

- Diabetes
- High Cholesterol
- Over Weight
- Thyroid Gland Disease
Type _____
- Other Disease _____

Infections

- Hepatitis Type _____
- Herpes Zoster (shingles)

Oncology

- Cancer
Type _____
- Cancer Treatment
Type _____

Urinary

- Kidney Disease _____
- Kidney Stones
- Other Disease _____

Hematology (Blood Disorders)

- Anemia
- Bleeding
- Blood Clots
- Other Disease _____

Extremities

- Swelling
- Other Disease _____

For Women

- Breast Disease
- Post Menopausal
- Other Disease _____

For Men

- Breast Disease
- Prostate Disease
- Other Disease _____

List All Current Symptoms

List All Surgeries and Approximate Dates

List All Serious Injuries and/or Accidents

SOCIAL HISTORY

Tobacco Use

- Current every day smoker
- Current some day smoker
- Never smoker
- Former smoker
- Unknown if ever smoked

If Yes, Number of years and daily use

- Cigarettes _____
- Cigars _____
- Pipe _____
- Chewing Tobacco _____
- Marijuana _____

If you have quit, how old were you when you quit? _____

What was your daily use at that time? _____

Alcohol Use

- Never Drank
- Number of alcoholic drinks in a week _____

Caffeine Use: (Coffee, Soda, Tea)

- Never use caffeine
- Number of caffeine drinks in a week _____

Recreational Drug Use

- Never used
- Type and Frequency _____

Exercise Regimen _____

Do you have Chest Pain with exercise Yes No If yes Mild Moderate Severe