

INITIAL VISIT INFORMATION

NAME: _____ **DOB:** _____ **AGE:** _____

REASON FOR VISIT *(Please be specific)* _____

Have you completed Physical Therapy for this condition? () YES () NO

Have you completed Pain Management Treatment for this condition? () YES () NO

Do you have a pacemaker or AICD? () YES () NO

MEDICAL HISTORY

Select and list relevant medical conditions:

- () Arthritis
- () Asthma
- () Bleeding Disorders
- () Cancer
- () Diabetes
- () Emphysema
- () Stents
- () Epilepsy
- () Heart Disease
- () Hepatitis
- () High Blood Pressure
- () Kidney Disease
- () Neurologic Disorder

() _____

SURGICAL HISTORY

List all surgeries you have undergone with dates:

MEDICATIONS

List all medications you are taking:

ALLERGIES

Medications, food, contact, environmental:

() Adverse reaction to CT or MRI contrast (dye)

() Adverse reaction of Anesthesia

FAMILY HISTORY

Select and list all that apply:

- () Asthma
- () Cancer
- () Diabetes
- () Heart Disease
- () High Blood Pressure
- () Kidney Disease
- () Strokes

() _____

RELATED HEALTH

- Are you a smoker? () YES () NO
- Do you drink alcohol regularly? () YES () NO
- Do you use drugs? () YES () NO

SOCIAL HISTORY

- Are you currently working? () YES () NO
- Occupation: _____
- Do you have children? () YES () NO
- Are you currently pregnant? () YES () NO

REVIEW OF SYSTEMS

Check all that apply:

GENERAL · CONSTITUTIONAL

- Weight loss
- Weight gain
- Decreased energy
- Fever
- Sweats

SKIN · BREAST

- Rash
- Itching
- Skin infections
- Sore that won't heal
- Hives
- Change in mole
- Change in skin or hair texture
- Hair loss
- Abnormal hair growth
- Nail changes
- Breast lumps, tenderness, swelling
- Nipple discharge

EYES · EARS · NOSE · MOUTH · THROAT

- Headaches
- Vertigo
- Lightheadedness
- Worsening of vision
- Double vision
- Blind spots
- Flashes, haloes, floaters
- Nosebleeds
- Fluid from nose or ears
- Dental infections
- Recurrent ear infections
- Dentures
- Loss of hearing
- Trouble swallowing
- Change in voice

CARDIOVASCULAR

- Chest pain
- Rapid heart beat
- Irregular heart beat
- Heart murmur
- Fainting
- Shortness of breath with activity
- Shortness of breath while lying flat
- Swelling in ankles
- Poor circulation
- Varicose veins
- Blood clots in legs
- High blood pressure

RESPIRATORY

- Shortness of breath
- Pain with breathing
- Cough
- Coughing up blood
- Wheezing
- Asthma
- Blood clots in lungs
- Bronchitis
- Pneumonia
- Tuberculosis

GASTROINTESTINAL

- Poor appetite
- Indigestion, heartburn
- Abdominal Pain
- Constipation
- Diarrhea
- Nausea
- Vomiting
- Blood in stool
- Hemorrhoids
- Incontinence of stool

GENITOURINARY

- Urgency
- Frequency
- Painful urination
- Lack of bladder control
- Incontinence of urine
- Urinary retention
- Urinary tract infection
- Blood in urine
- Problems with erections
- Loss of libido
- Irregular menstruation
- Painful menstruation
- Genital sores
- Genital discharge

MUSCULOSKELETAL

- Painful muscles or joints
- Loss of muscular strength
- Broken bones
- Osteoporosis (weak bones)
- Arthritis
- Muscle cramping
- Decrease in muscle size

NEUROLOGIC

- Convulsions
- Paralysis
- Tremor
- Incoordination
- Tingling

- Numbness
- Memory loss
- Difficulties with speech
- Stroke
- Seizures
- Multiple sclerosis
- Parkinson's disease

ALLERGIC · IMMUNOLOGIC

- Reactions to medicines
- Immune deficiency
- AIDS
- Multiple allergies

HEMATOLOGIC · LYMPHATIC

- Anemia
- Blood transfusion
- Easy bruising
- Bleeding tendency
- Blood clots
- Lymph node enlargement
- Tender lymph nodes

ENDOCRINE

- Increased thirst
- Intolerance to heat
- Intolerance to cold
- Hormone therapy

PSYCHIATRIC

- Depression
- Nervousness
- Anxiety
- Emotional problems
- Previous psychiatric care
- Unusual perceptions
- Hallucinations