

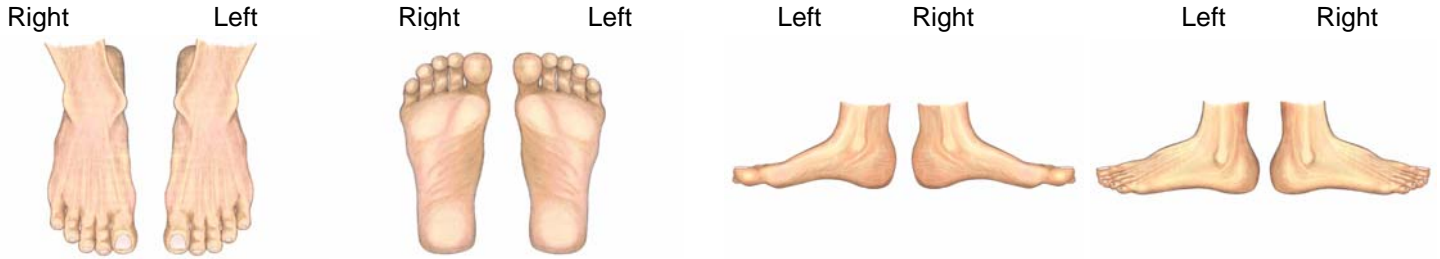
Medical History

Patient Name: _____ Primary Care Physician: _____
Date of Birth: _____ Date Last Seen By PCP: _____
Pharmacy _____

Reason For Today's Visit:

Pain Swelling Numbness Ingrown Nail Wart Corn/Callus Other _____

Please mark with an X the area of concern:



How long have you had this condition? _____

Symptoms are: Improving Worsening Unchanged

Describe your pain: (Circle all that apply)

Sharp Dull Aching Burning Tingling Other _____

Symptoms are worse when: Standing Walking Sitting Sleeping Other _____

Symptoms are worse: Morning Night All day

Previous treatments include: Rest Elevation Ice/Heat Over-the-counter inserts
Injections Brace/Bandage Surgery Medication _____

Have you been treated by another physician for the conditions: NO YES

Name of Doctor _____ When _____

Allergies: (Circle all that apply)

Adhesive Tape Aspirin Codeine Novocaine Sulfa Drugs Penicillin Other

Medications: (Please list. Use back of sheet if necessary)

Name of Medicine	Dosage	What is it taken for?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been treated for the following: (Please circle all that apply)

Acid Reflux Arthritis Asthma Back Problems Blood Clots Diabetes Epilepsy
Fibromyalgia Gastric Reflux Glaucoma Gout Hepatitis (type____) High Blood Pressure
High Cholesterol Heart Condition Kidney Problems Liver Involvement Phlebitis
Rheumatic Fever Skin conditions Stroke Tuberculosis (type____)

Have you ever been exposed to the AIDS virus: YES NO

Do you wear glasses / contacts?

Previous Surgeries/Hospitalizations:

Hysterectomy: Date _____ Tubal Ligation: Date _____

Joint Replacement: Location _____ When _____

Social History:

Height _____ Weight _____ Shoe size _____
Are you pregnant or a chance you could be pregnant? Yes No Due Date: _____
Are you claustrophobic: Yes No Metal in Body: _____ Welder/Fitter: Yes No
Do you smoke: Yes No Packs per day? _____ How many years? _____
Do you drink alcohol: Yes No How much? _____
Do you use recreational drugs? Yes No