

ESTABLISHED PATIENT HISTORY UPDATE FORM



NAME: _____ DATE: _____

CURRENT COMPLAINT (Give a brief description of the problem you are currently experiencing): _____

Height: _____ Weight: _____

OFFICE USE ONLY:	Blood Pressure #1: _____/_____	Blood Pressure #2: _____/_____
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MEDICAL HISTORY (Please Select All That Apply):

Diabetes – If so, what medication, if any, do you take: _____ Strength _____ mg Dosage ___ x per day

High Blood Pressure - If so, what medication, if any, do you take: _____ Strength _____ mg Dosage ___ x per day

Other Major Illness(es)- _____

Other Medication: _____ Strength _____ mg Dosage ___ x per day

(IF NECESSARY, LIST ADDITIONAL MEDICATIONS ON THE BACK OF FORM OR ATTACH COPY OF A LIST OF MEDICATIONS)

Vitamins/Supplements: _____

Do You Have any Allergies? (Please select all that apply):

Environmental (Please describe): _____ Reaction: _____

Medication (Please describe): _____ Reaction: _____

Food (Please describe): _____ Reaction: _____

WITHIN THE LAST 5 YEARS...

Have You Been Hospitalized? Which Hospital?: _____

Due to Illness? Please describe: _____ Date: _____ (if known)

Due to Surgery? Please describe: _____ Date: _____ (if known)

List Other Previous Surgeries and/or Injuries: _____

Have you had X-rays taken? Yes No If yes, where? _____ Results: _____

Have you had an MRI? Yes No If yes, where? _____ Results: _____

Have you had a Bone Density Test? Yes No If yes, where? _____ Results: _____

FAMILY HISTORY

If any blood relative has had any of the following conditions, **PLEASE CHECK AND INDICATE WHICH RELATIVE(S):**

Arthritis _____ Heart Failure _____

Cancer _____ High Blood Pressure _____

Diabetes _____ Kidney Disease _____

Epilepsy _____ Osteoporosis _____

Heart Disease _____ Stroke _____

Marital Status: Single Married Widowed Divorced Separated

Do You Smoke? Never Former Smoker Current/Every Day Smoker Current/Some Day Smoker

Alcohol: None Casual (no more than 1 drink daily) Moderate (1-2 drinks daily) Heavy (3 or more drinks daily)

Caffeine: None Less than 3 drinks per day 3 to 6 drinks per day More than 6 drinks per day

Drug Use: None Recreational User Addiction

Exercise: Never Daily ___x Weekly; Select any that apply: Walks Runs Swims Other _____

Occupation: _____ **Status:** In School Employed Unemployed Retired