New Patient Medical History Form

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Patient Name **Date of Birth** xx/xx/xxxx **Today's Date**

_____ _____ _____

Reason for Visit

_____

_____

_____

Please list any current medications you are taking:

Name	mg	Times/Day	All known allergies

Patient History (please check all that apply)

- ☐ Stroke or TIA
- ☐ High Blood Pressure
- ☐ Seizures
- ☐ Diabetes
- ☐ Cancer
- ☐ Rheumatic Fever
- ☐ Arthritis
- ☐ Thryoid Disease
- ☐ Kidney Disease
- ☐ Multiple Sclerosis
- ☐ Heart Disease
- ☐ Migraine Headaches
- ☐ High Chloestrerol
- ☐ Lung Diease/Asthma
- ☐ Emphysema/COPD
- ☐ Anemia or other blood disease
- ☐ Depression
- ☐ Sleep Apnea
- ☐ Pain
- ☐ Fibromyalgia
- ☐ Osteoarthritis/Osteoporosis
- ☐ Back Pain
- ☐ Neck Pain
- ☐ Shoulder Pain
- ☐ Chiropractic Therapy
- ☐ Physical Therapy
- ☐ I have no significant medical history

Family History (please check all that apply)

- ☐ Alzheimer's/Dementia
- ☐ Aneurysm
- ☐ Anxiety/Depression
- ☐ Arthritis
- ☐ Cancer
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Headaches/Migraines
- ☐ Heart Disease/Stroke
- ☐ High Blood Pressure
- ☐ Kidney Problems
- ☐ Liver Problems
- ☐ Parkinson's
- ☐ Rheumatoid Arthritis
- ☐ Seizures
- ☐ Substance Abuse
- ☐ I HAVE NO SIGNIFICANT FAMILY MEDICAL HISTORY
- ☐ I am Adopted (No Medical History Available)

Other Health Issues

- ☐ Smoking: ☐ Current every day ☐ Current some days ☐ Former smoker ☐ Never smoker
- ☐ Alcohol: ☐ Current alcholism ☐ History of alcholism ☐ Some alcohol use ☐ Never used
- ☐ Marijuana: ☐ Current use ☐ Former use ☐ Medical Marijuana card holder ☐ Never used
- ☐ Illegal Drugs:
  - ☐ Current use: if checked, please list which ones: _____
  - ☐ Former use: if checked please list which ones: _____
  - ☐ Never used
- ☐ Narcotic and Prescription Medications:
  - ☐ I have abused narcotic and/or prescription medications. If checked, please list which ones:

_____

Immunizations	Yes	No	If yes, date
Influenza (18 years of age and older)?	☐	☐	
Pneumoccal (65 years and older)?	☐	☐	
Shingles?	☐	☐	
Tetanus?	☐	☐	

Surgeries/Hospitalizations. (List reason. Please include date (year only if not this year).

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