

EVERY LINE MUST BE COMPLETED BEFORE YOUR CHART WILL BE PROCESSED

PATIENT NAME: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

REASON YOU CAME TO SEE PHYSICIAN: _____

IF HERE BECAUSE OF AN INJURY: DATE OF INJURY: _____ PLACE OF INJURY: _____
ANY PRIOR TREATMENT? _____ WHERE?: _____

MY GENERAL HEALTH IS: EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

PLEASE LIST YOUR:
SERIOUS ILLNESSES: _____
SERIOUS INJURIES: _____
PRIOR SURGERIES: _____

CURRENT PRESCRIBED MEDICATION(S)
Product and amount: _____
Reason for taking: _____

DO YOU TAKE ASPIRIN or IBUPROFEN PRODUCTS? (Advil, Aleve, Motrin, Nuprin, etc.)
Product and amount: _____
Reason for taking: _____

DO YOU TAKE HERBAL SUPPLEMENTS or VITAMINS?
Product and amount: _____
Reason for taking: _____

	<u>YES</u>	<u>NO</u>	
AIDS/HIV POSITIVE	_____	_____	
ALLERGIES TO MEDICATIONS	_____	_____	WHAT MEDICATIONS? _____ REACTION: _____
ALLERGY TO LATEX	_____	_____	DESCRIBE: _____
ANY OTHER ALLERGIES	_____	_____	WHAT ALLERGIES? _____ REACTION: _____
BLEEDING PROBLEMS	_____	_____	TYPE OF PROBLEM: _____
CORTISONE OR PREDNISONE (STEROIDS DURING LAST YEAR)	_____	_____	FOR WHAT REASONS? _____
DIABETES	_____	_____	ARE YOU ON INSULIN? _____
PHLEBITIS IN LEGS	_____	_____	DESCRIBE: _____
PULMONARY EMBOLISM	_____	_____	DESCRIBE: _____
HIGH BLOOD PRESSURE	_____	_____	DESCRIBE: _____
HEART PROBLEMS	_____	_____	DESCRIBE: _____
LUNG PROBLEMS	_____	_____	DESCRIBE: _____
KIDNEY PROBLEMS	_____	_____	DESCRIBE: _____
LIVER PROBLEMS	_____	_____	DESCRIBE: _____
STROKE	_____	_____	DESCRIBE: _____
CANCER	_____	_____	DESCRIBE: _____
RADIATION THERAPY	_____	_____	DESCRIBE: _____
SEIZURE DISORDER (EPILEPSY)	_____	_____	DESCRIBE: _____
DO YOU SMOKE?	_____	_____	NUMBER OF CIGARETTES PER DAY: _____
ARE YOU PREGNANT?	_____	_____	DATE OF LAST MENSTRUAL PERIOD: _____
NUMBER OF PREGNANCIES: _____			CHILDREN BORN: _____ CHILDREN LIVING: _____

FAMILY HISTORY (Please note whether living or deceased and include history of disease or illness)

FATHER: _____ MOTHER: _____
BROTHERS: _____ SISTERS: _____