## NEW PATIENT INFORMATION

Name		Date	Ht.	4 !-	1144	
rtaine		Jale	Jnt.	ft. ir	n. Wt.	lbs.
PAST HISTORY						
	SE CHECK ALL THAT ADDI	V NOW OO II	THE DAOT			
1 ☐ Seizure	SE CHECK ALL THAT APPL 8 Heart Attack (MI)	Y NOW OR IN	THE PAST)	100 ==		
2 ☐ Stroke	9 Diabetes	16 C Aotho	ysema/COPD	22   En	larged Pros	state
3 ☐ Migraine	10 ☐ Low Thyroid	16 Asthr		23 🗆 Sir	nusitis	
4 ☐ Angina	11 High Cholesterol	17 Cano		24 🗆 Gla	aucoma	
5 ☐ High Blood Pressure	12 Liver Disease	10 Dhaw	tis (common)	25 🗆 Hiv	/es	
6 ☐ Heart Failure	13 GI (Stomach) Bleed	19 Cotos	matoid Arthriti	s 26 U De	pression	
7 Atrial Fibrillation	14 Stomach Ulcer		20 ☐ Osteoporosis 21 ☐ Kidney Failure		27 Anxiety 28 Fibromyalgia	
Prior Operations	114 Storilacii Olcei	Z1   Nigne	y Fallure	128 U FID	romyalgia	
1  Heart Bypass	4 ☐ Prostate Surgery	7 Catar	act Surgery	Tionia	Dools Com	
2 Heart Stent	5 ☐ Heart Valve Surg.	8 Thyro	id Surgery	110 0 100	w Back Sur	gery
3 Carotid Artery Surg.	6 □ Pacemaker	9 Neck	8 ☐ Thyroid Surgery 9 ☐ Neck Spine Surgery		ee Surgery	
CURRENT MEDICATIONS		I O LINGUA	Additional M	edical Con	ius Surgery	
			Additional M	Buicai Conc	Jitions	
			Additional Prior Operations		one	
			7.100.110.110.11	о орогин	7113	
MEDICATION ALLERGIES			Major Injuries			
			•			
FAMILY MEDICAL HISTORY						
Age (yrs) Dis	eases		If Dece	ased, Caus	e of Death	
Father						
Mother						
Sibling						
Child						
Crind						
Family History (DI EASE CL	JECK ALL THAT ADDIVINO	W 00 IN THE				
Family History (PLEASE CHECK ALL THAT APPLY NOW OR IN THE PAST)    Migraine						
☐ Migraine ☐ Parkinson's Disease ☐ Alzheimer's Disease ☐ Tremor/Not Parkinson's ☐ Other Neurological (Nervous System) Conditions or Diseases:						
		Jiseases:				
PATIENT SOCIAL HISTORY						——
Occupation:			IR	etired:	Yes □ N	<del></del>
	arried Single	Separated	☐ Divorced		Widow	-
Tobacco Smoking: ☐ No		)	☐ Current S			$\overline{}$
Use of Alcohol:	ever Occasional	Moderate (1-	2/day)		3 or more/da	av 4
Drug Abuse (current or in th	e past):				or moreru	ay
Highest Education Level:						$\neg$
DEVIEW OF OVOTERIO (B)						
REVIEW OF SYSTEMS (PLI	EASE CHECK ALL THAT					
1 Fever (recent)	8 Irregular Heartbeat	15 🗌 Freque		22 🗌 Dep	ression	
2 Severe Weight Loss	9 Cough	16 🗀 Painfu		23 ☐ Exc	essive Thirs	
3 Blurry Vision	10 Shortness of Breath	17 🗆 Joint P		24 🗆 Exc	essive Swe	ating
4 D Eye Pain	11   Jaundice	18 Muscle	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN	25 🗆 Exc	essive Blee	ding
5 Hearing Loss	12 ☐ Nausea	19 Skin R		26 □ Exc	essive Bruis	sing
6 ☐ Ringing / Noise in Ear	13 Reflux	20 🗌 Itching				
7 Chest Pain	14 ☐ Urine Incontinence	21 Anxiet	/			