





# PATIENT HISTORY

<b>DO YOU HAVE ANY PROBLEMS WITH EYE/EAR/NOSE/THROAT</b>					
HEARING LOSS		VISION IMPAIRMENT		EYE PAIN	
CATARACTS		SINUS PROBLEMS		HAY FEVER	
HEADACHES		DENTAL PROBLEMS		HEAD INJURIES	
NOSEBLEEDS		SORE THROATS		RED EYES	
HOARSENESS		SORES IN MOUTH		EARACHES	
RINGING IN EARS		DRAINAGE FROM EARS		PAIN IN NECK	
DIZZINESS		RETINAL DISEASE		PAIN/BLEEDING GUMS	
<b>NEUROLOGICAL DO YOU HAVE ANY PROBLEMS WITH</b>					
STROKES		SEIZURES		HEADACHES	
TINGLING		SPINNING		LIGHT HEADED	
EXCESSIVE SWEATS		PARALYSIS		SUICIDAL THOUGHTS	
				SLEEP DISTURBANCES	
				ANXIETY	
				DEPRESSION	
				PSYCHIATRIC ILLNESS	
<b>RESPIRATORY DO YOU HAVE ANY PROBLEMS WITH</b>					
BREATHLESS WITH EXERCISE		BREATHLESS AT REST		WHEEZING	
PHLEGM		COUGH		PAIN IN CHEST	
PAIN WITH BREATH		COUGH BLOOD		HISTORY OF PNEUMONIA	
				BRONCHITIS	
				PAIN ON COUGH	
<b>CARDIOVASCULAR DO YOU HAVE ANY PROBLEMS WITH</b>					
HEART ATTACK		HIGH BLOOD PRESSURE		EDEMA	
HEART DEFECT		CHEST PAIN		RAPID HEART RATE	
IRREGULAR HEART RATE		BREATHLESS WHEN FLAT		BREATHLESS AT NIGHT	
PASSING OUT		RHEUMATIC FEVER			
ABNORMAL CHOLESTEROL		ABNORMAL TRIGLYCERIDES			
<b>GASTROINTESTINAL DO YOU HAVE ANY PROBLEMS WITH</b>					
ULCER		HEPATITIS		REFLUX	
LIVER DISEASE		PANCREATITIS		OBSTRUCTION	
DECREASED APPETITE		ABDOMINAL PAIN		INCREASED APPETITE	
EXCESS GAS		BELCHING		VOMITING	
CONSTIPATION		BLOODY BOWELS		VOMITING BLOOD	
				DIARRHEA	
				HEMORRHOIDS	
<b>INFECTIOUS DISEASE HAVE YOU EVER HAD</b>					
TB		CHICKEN POX		HIV	
MEASLES		MUMPS		OTHER CHILDHOOD DISEASES	
BLOOD DISORDER/CANCER				TRANSPLANT	
<b>MUSCULOSKELETAL DO YOU HAVE ANY PROBLEMS WITH</b>					
ARTHRITIS		SCOLIOSIS		RASHES	
FRACTURES/SPRAINS/STRAINS				BRUISES	
				SORES	
<b>ENDOCRINE DO YOU HAVE ANY PROBLEMS WITH</b>					
DIABETES		HOW LONG		INSULIN	
THYROID		PITUITARY		DIET CONTROLLED	
<b>GENITOURINARY DO YOU HAVE ANY PROBLEMS WITH</b>					
BLADDER/KIDNEY/PROSTATE INFECTIONS		BURNING ON URINATION		PROTEIN IN URINE	
BURNING ON URINATION		LOSS OF URINARY CONTROL		FREQUENT URINATION	
BLOOD IN URINE		DIFFICULTY STARTING STREAM		KIDNEY STONES	
KIDNEY DYSFUNCTION		FLANK PAIN		URINATION AT NIGHT	
				HOW OFTEN	
<b>DO YOU REQUIRE OR HAVE ANY OF THESE</b>					
GLASSES		CONTACTS		HEARING AID	
ARTIFICIAL		LOOSE TEETH		REMOVABLE DENTAL WORK	
				PACEMAKER	
				ICD	
				MODEL	
				PARTIAL	
				FULL	

