

## HEALTH HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of last health care exam: \_\_\_\_\_ What was this exam for? \_\_\_\_\_

Have you been hospitalized or had surgery? (Please circle) No    Yes  
 If yes: Why and When \_\_\_\_\_

Are you currently receiving care? No    Yes    If yes, nature of care: \_\_\_\_\_

Please list all the names and phone numbers of the physicians who are currently providing you care:

1. \_\_\_\_\_
2. \_\_\_\_\_

*For the following questions circle yes or no. Your answers are for our records only and will be confidential. Please note that during your initial visit you will be asked some questions about your response. Our team may ask additional questions concerning your health.*

|  |    |     |
|--|----|-----|
| Abnormal bleeding from a cut? Blood Disorder?  | No | Yes |
| Arthritis, Rheumatism or other inflammatory disease?                                     | No | Yes |
| Asthma, COPD, Emphysema or other lung diseases?  | No | Yes |
| Autoimmune or Immune Suppression?  | No | Yes |
| Bacterial Endocarditis?  | No | Yes |
| Cancer, Tumor, Chemotherapy, Radiation Treatment?  | No | Yes |
| Diabetes? If yes what was your last A1C?   | No | Yes |
| Fainting or Dizzy Spells?  | No | Yes |
| Heart Condition or Stroke?   | No | Yes |
| High Blood Pressure?   | No | Yes |
| Joint Replacement? Is Pre-Medication Required?   | No | Yes |
| Kidney Disease? Renal Dialysis?  | No | Yes |
| Liver Disease, Hepatitis (including Jaundice)?   | No | Yes |
| Sore or Enlarged Lymph Nodes   | No | Yes |
| STD, HIV, AIDS, Venereal Disease?  | No | Yes |
| Have you ever been diagnosed with a disease or disorder that affects your immune system? | No | Yes |
| Recurrent Illnesses or other Condition? Please List                                      | No | Yes |

Please list any medications you are currently taking and dosages:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_

Please list any dietary or herbal supplements you are taking, and for what purpose:

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

(PLEASE CONTINUE TO PAGE 2)

