PATIENT'S MEDICAL HISTORY

(Confidential)

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____Bryan S. Givhan, M.D. ____Rick L. McKenzie, M.D.

Date _____

Name: _____ Date of Birth_____ Age_____

What is the chief problem that brings you here today? _____

_____

How long have you had the problem? ❑ less than one month ❑ 1-3 months ❑ 3-6 months ❑ greater than 6 months

Which is worse? ❑ back (or neck) ❑ leg (or arm) ❑ back and leg pain are equal ❑ neck and arm pain are equal

PAST MEDICAL HISTORY:

Year	Illness or Operation	Place Hospitalized

Have you or your family ever had:

Family	Patient		Family	Patient		Family	Patient		Family	Patient	
❑	❑	AIDS or HIV testing	❑	❑	Diabetes Years _____	❑	❑	Kidney Infection	❑	❑	Stroke
❑	❑	Asthma	❑	❑	Heart Attack Year _____	❑	❑	Migraine, or other Sever Head Pain	❑	❑	Thyroid Trouble
❑	❑	Bleed easily	❑	❑	Hepatitis				❑	❑	Tuberculosis
❑	❑	Blood Clots	❑	❑	High Blood Pressure	❑	❑	Phlebitis	❑	❑	Ulcer
❑	❑	Cancer	❑	❑	Kidney Stones	❑	❑	Radiation or Chemotherapy			

MEDICINES: List all medicines that you have been taking recently. Include all vitamins and nonprescription medicines. PLEASE BRING ALL MEDICINES.

	Name	Dose (mgs & times per day)	Date Started	Date Stopped		Name	Dose (mgs & times per day)	Date Started	Date Stopped
1.					5.				
2.					6.				
3.					7.				
4.					8.				

Have you used any "recreational" drugs? ❑ Yes ❑ No Kind:_____

ALLERGIES: or reactions to medicines or other substances. List all medications and substances.

Name of Medication	Type of Reaction	Date

In general, your health is: ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Terrible

PERSONAL HABITS: Do you smoke? ❑ Yes ❑ No How much? _____

Do you drink alcohol? ❑ Yes ❑ No How much?_____ Any exercise? ❑ Walking ❑ Athletic ❑ Other

Do you have any of the following: Any difficulty sleeping? ❑ Yes ❑ No Recent weight gain? (amount)_____ ❑ Yes ❑ No

Recent weight loss? (amount)_____ ❑ Yes ❑ No Fever or soaking sweats at night? ❑ Yes ❑ No Fatigue? ❑ Yes ❑ No

Employer: _____ Type of Work: _____

Names of family or friends seen by our physicians:_____

How did you hear about us? ❑ Newspaper ❑ Referring Doctor ❑ Friends ❑ Family