PATIENT NAME _____
Last First Middle Date of Birth

TODAYS DATE _____

CHECK THE APPROPRIATE ANSWER.

How would you describe your current state of health? *Check One:* ❑ Excellent ❑ Good ❑ Fair ❑ Poor ❑ Don't Know

Are you currently under the care of a physician? ❑ YES ❑ NO ❑ Don't Know

When were you last seen by a physician? _____ ❑ Don't Know

When was your last complete physical examination? _____ ❑ Don't Know

Please list your family doctor and any specialists you see:

Name	Address	Phone #	Name of Specialty

For each item listed below, check the appropriate box.

BEHAVIORAL HISTORY	Current	Past	Never	Unsure
Do you smoke or chew tobacco?				
Do you use or have you ever used drugs for non-medical *(recreational)* purposes?				
Do you regularly chew gum or suck on mints, candies or lozenges?				
Do you typically eat a balanced diet?				
Do you have an eating disorder?				
Do you eat a special diet?				
Do you use or have you ever used alcohol?				
If you currently use alcohol, on average, how many drinks per day? *Check One:* ❑ Less than one ❑ One ❑ Two ❑ More than two				
What is the most you may drink on a single occasion? *Check One:* ❑ One Drink ❑ Two Drinks ❑ Three Drinks ❑ Four Drinks ❑ More Than Four				
How many times a day do you drink beverages or eat snacks that contain sugar or refined starches? *Check One:* ❑ Never ❑ Less than one ❑ One ❑ Two ❑ Three ❑ Four or more				
How many cups of water or other non-caffeinated beverages do you typically drink each day?				
How many cups of coffee, tea or other caffeinated beverages do you typically drink each day?				

SURGICAL HISTORY		
Date(s)	Reason(s)	In-patient or Out-patient

Have you taken any of the following:	Current	Past	Never	Unsure
Bispliosphonate therapy *(e.g. Aredia, Zometa, Fosomax, Boniva, Actonel)*				
Steroid therapy *(e.g. prednisone, prednisolone)*				
Diet pills *(e.g. Fen-Phen, Redux, Pondimin)*				
Dietary supplements or herbal medicines: *Check all that apply*:				
❑ Echinacea ❑ Garlic ❑ Ginger ❑ Kava ❑ Valerian ❑ Ginseng ❑ St. John's Wort				
❑ Feverfew ❑ Gingko ❑ Vitamin E ❑ Other _____				

MEDICAL HISTORY

Respiratory Conditions	Current	Past	Never	Unsure
Asthma				
Emphysema				
Chronic obstructive pulmonary disease *(COPD)*				
Hay fever				
Sinus problems				
Sensitivity to metals or latex				
Sensitivity to Penicillin, Antibiotics, anesthetics or other medications				

Urinary Tract Conditions	Current	Past	Never	Unsure
Bladder conditions				
Kidney disease				
Hemodialysis				

Gastronintestinal Conditions	Current	Past	Never	Unsure
Gastroesophageal reflux *(GERD)*				
Ulcers				
Other gastric *(stomach)* disease				
Intestinal *(bowel)* disease				
Liver disease				

Endocrine Conditions	Current	Past	Never	Unsure
Diabetes				
Thyroid disease				
Adrenal gland disease				

Blood Disorders	Current	Past	Never	Unsure
Bleeding problem				
Anemia				
Leukemia				

Neurologic Conditions	Current	Past	Never	Unsure
Stroke				
Seizure				
Alzheimer's disease				
Anxiety, depression				
Other nervous system disorders				

Joint, Bone & Muscle Conditions	Current	Past	Never	Unsure
Arthritis or other joint disease				
Artificial joint				
Osteoporosis or other bone disease				
Muscle disease				

Infectious Diseases	Current	Past	Never	Unsure
Viral hepatitis				
Tuberculosis				
HIV/AIDS				
Other sexually transmitted disease: ❑ Gonorrhea ❑ Syphilis ❑ Genital herpes ❑ HPV				

Cardiovascular Conditions	Current	Past	Never	Unsure
Artificial heart valve				
Bacterial endocarditis				
Congenital heart defect				
Mitral valve prolapse				
Heart murmur				
Rhumatic heart disease				
High blood pressure				
Angina *(chest pains)*				
Heart attack				
Congestive heart failure				
Irregular heart beat				
Pacemaker				

Other Conditions	Current	Past	Never	Unsure
Cancer or other tumor				
Organ transplant				
Lupus				
Mucous membrane or skin disease				
Impaired hearing, sight or speech				
Unintended weight loss or gain				
Any disease, condition or problem not listed above				

WOMEN ONLY	YES	NO
Are you pregnant or could you be pregnant?		
Are you nursing?		

NOTES: