

ALLERGIES:			

Patient Health History and Current Medication List

Do you have any of the following (circle all that apply)	Current Medication List		
General: obesity, chronic fatigue, sleep apnea, chronic pain, history of cancer	Current	wedication	LIST
Head : hearing problems, cataracts, glaucoma, Meniere's disease, degenerative eye or ear problems			
Skin: eczema, psoriasis, skin cancer, other chronic skin conditions			
Neuro: seizures, epilepsy, tremors, passing out, Parkinson's, narcolepsy, chronic migraines or other			
headaches, numbness, tingling, neuropathy, stroke, TIA, paralysis, other nerve problems, traumatic brain			
injury			
attack, heart disease or heart failure, bypass or other heart procedures/ problems, high blood pressure, high			
cholesterol Respiratory: asthma, COPD, emphysema, other respiratory problems			
Gastrointestinal: chronic diarrhea or constipation, Hepatitis, acid reflux, other stomach, digestive, or liver			
problems			_
Genitourinary: chronic UTI's, menstrual problems, prostate problems, kidney stones, kidney disease or			
failure Musculoskeletal: chronic pain, back pain, neck pain,			_
amputations, joint replacements,			
Endocrine: thyroid problems, diabetes or problems with blood sugar,			
Psychiatric : anxiety, depression, bipolar, schizophrenia, substance abuse, PTSD, other psychiatric difficulties			
Other: blood clots or bleeding problems, sleep disorders,			
chronic infections or any other long term diseases,			
autoimmune disorders			

 •	