

Center for Functional and Integrative Medicine, Inc.

ADULT MEDICAL HISTORY

Name: _____ Age: _____ DOB: _____ Today's Date: _____

Current Medical Problems

None

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Past Medical Problems

None

- 1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Surgeries

None

- 1. _____ date: _____ 4. _____ date: _____
2. _____ date: _____ 5. _____ date: _____
3. _____ date: _____ 6. _____ date: _____

Current Medications (include name, dosage, and frequency) None

- 1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Current Supplements (provide separate list)

Allergies to Medications or Supplements

None

(please list name of medication/supplement and the reaction is caused)

Health Maintenance

approximate date:

Immunizations

approximate date:

- Last complete physical date: _____ Last tetanus shot date: _____
Cholesterol Screen date: _____ Last flu shot date: _____
Last colonoscopy date: _____ Shingles vaccine date: _____
Last PSA lab date: _____ Pneumonia vaccine date: _____
Last Rectal exam date: _____ MMR (measles vaccine) date: _____
Last Pap smear date: _____ Hepatitis B vaccine date: _____
Last mammogram date: _____ Varicella vaccine date: _____
(chickenpox)

Health Habits

Tobacco: cigarette/cigars/pipe/chew _____ packs/day for _____ years Quit Date: _____

Alcohol: _____ drinks/week

Caffeinated beverages: _____ cups or cans/day/week

Exercise: _____ times/week type(s) _____

Recreational/illegal drugs: _____

Circle any of the following that apply to you: IV drug use, multiple sex partners, unprotected intercourse, sex with gay/bisexual partners, blood transfusions/blood products.

Social History

Marital Status: single married widow(er) divorced separated other

Living Situation: alone with spouse/partner with children # _____

Spouse/partner name _____ age _____

Children _____

Occupation: retired student unemployed employed as: _____

Highest level of education: _____ Hobbies/interests: _____

Family Health History (Blood relatives)

Mother's age now _____ (or at death) _____ Father's age now _____ (or at death) _____

Has any immediate family member (parents, siblings, grandparents, or children) had:

___ Cancer _____ Asthma _____

___ Heart Disease _____ Depression/or Bipolar _____

___ Elevated Cholesterol _____ Suicide _____

___ High Blood Pressure _____ Alcoholism _____

___ Stroke _____ Drug problem _____

___ Diabetes _____ Aneurysm _____

___ Other illness _____ Tuberculosis _____

Body Systems Review (please check any problems you have)

- ___ Persistent fever
- ___ Night sweats
- ___ Severe headaches
- ___ Unusual change in weight
- ___ Unusual weakness/fatigue
- ___ Moles changing in size/color
- ___ Skin lesions/rashes
- ___ Cataracts
- ___ Glaucoma
- ___ Contact lenses/glasses
- ___ Other eye problems
- ___ Hearing problems
- ___ Ringing in the ears
- ___ Dizziness
- ___ Sinus infections
- ___ Nosebleeds
- ___ Allergies
- ___ Hoarseness
- ___ Lumps in neck
- ___ Bleeding gums
- ___ Chest pain
- ___ Palpitations
- ___ Heart murmur
- ___ Rheumatic fever
- ___ Heart Valve replacement
- ___ Chronic cough
- ___ Bloody phlegm/sputum
- ___ Wheezing
- ___ Discharge from nipples
- ___ Breast lump
- ___ Joint pain/swelling
- ___ Sleep problems
- ___ Swallowing problems
- ___ Heartburn
- ___ Blood in stool
- ___ Black stools
- ___ Hemorrhoids
- ___ Constipation
- ___ Diarrhea
- ___ Frequent urination
- ___ Incontinence/leaking urine
- ___ Pain when urinating
- ___ Blood in urine
- ___ Kidney stones
- ___ Frequent nighttime urination
- ___ Other urinary problems
- ___ Sexually transmitted disease(s)
- ___ Loss of consciousness or "blackouts"

MEN:

- ___ Abnormal testicular/scrotal lumps
- ___ Discharge from penis

WOMEN:

- ___ Vaginal discharge
- ___ Abnormal bleeding
- ___ Painful periods/menses
- ___ Pain with intercourse
- Age at first period/menses _____
- Age at menopause _____
- # of pregnancies _____
- # of children _____
- # of miscarriages _____
- # of abortions _____
- Last menstrual period _____
- Method of birth control: _____