**GENERAL HISTORY**

- Normal Weight:
  - Recent Weight Loss
  - Amount:____________________
  - Recent Weight Gain
  - Amount:____________________
- Loss of appetite
- Fatigue
- Weakness
- Fever
- Chills
- Night sweats
- Sleep problems

**EYES**

- Glasses
- Contact Lenses
- Glaucoma
- Cataracts
- Double vision
- Change in vision
- Other vision problems

**CARDIOVASCULAR**

- Pacemaker
- Chest pain
- Irregular heartbeat
- Palpitations
- Hypertension
- Sleep sitting or propped up
- Short breath when lying down
- Fainting spells
- Leg pain while walking
- Swelling in feet
- Varicose veins
- Oxygen use at home

**RESPIRATORY**

- Shortness of breath
- Difficulty breathing

**GASTROINTESTINAL**

- Coughing
- Dry cough
- Coughing up phlegm
- Coughing up blood

**SKIN & BREAST**

- Itching
- Blotchy
- Rash
- Scaling
- Sores
- Color changes
- Pain in breast
- Growth
- Lump or mass in breast or armpit
- Discharge or bleeding from nipple
- Change in nipple
- Nipple inversion
- Change in size, shape or contour of breast
- Mammogram

**EARS/NOSE/THROAT**

- Hearing aid
- Loss of hearing
- Ringing in ears
- Other ear problems
- Frequent sore throats
- Hoarseness
- Difficulty swallowing
- Dry mouth
- Loss of taste
- Neck stiffness
- Neck pain or swelling

**GENITOURINARY**

- Cataracts
- Other vision problems

**LATENT HISTORY**

- Loss of appetite
- Recent weight gain
- Glasses
- Contact lenses
- Glaucoma
- Cataracts
- Other vision problems

**NUTRITIONAL HISTORY**

- PAIN

**MUSCULOSKELETAL**

- Leg cramps
- Painful muscles
- Painful joints
- Artificial joints
- Physical disabilities
- Gout

**NEUROLOGICAL**

- Headaches
- Tremors
- Memory loss
- Difficulty finding words
- Difficulty writing
- Difficulty thinking clearly
- Numbness or tingling
- Dizziness
- Loss of consciousness
- Seizures
- Coordination
- Unsteady gait

**PHYSICAL HISTORY**

- Hypertension
- Sleep sitting or propped up
- Short breath when laying down
- Fainting spells
- Leg pain while walking
- Swelling in feet
- Varicose veins
- Oxygen use at home

**PSYCHOLOGICAL**

- Depression
- Anxiety
- Change in personality
- Relationship problems

**ENDOCRINE**

- Excessive thirst
- Excessive urination
- Thyroid problems

**HEMATOLOGIC & LYMPHATIC**

- Swollen lymph glands
- Excessive bruising
- Excessive bleeding

**SKIN & BREAST**

- Itching
- Blotchy
- Rash
- Scaling
- Sores
- Color changes
- Pain in breast
- Growth
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**ALLERGY & IMMUNOLOGY**

- Medications
- Latex allergies
- Food or non-medication allergies
- Tape allergies
- Hay Fever
- None

**PAIN**

- Do you currently have any pain?  Yes  No
- If yes, where?

Please circle your current pain level on a scale of 0-10 (0 being no pain and 10 being the worst pain, or intolerable).

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Do you take medication for this pain?  Yes  No
List:__________________________________________

Is this medication effective for your pain?  Yes  No