

Is there any FAMILY HISTORY of:

gout	osteoporosis	stroke	LIST OTHERS:
osteoarthritis	thyroid disease	heart disease	
lupus (SLE)	Crohn's disease	multiple sclerosis	
psoriasis	fibromyalgia	cancer	

SOCIAL HISTORY:

Marital status		Children (ages)	Occupation	
single	divorced	_____	_____	
married	separated	_____	retired	homemaker unemployed
widow(er)		_____	disability (because of _____)	
Alcohol consumption			Cigarette Smoking	
Never	Seldom		No- never	Quit _____ years ago
Occasional	Usually every day (type _____)		Yes _____ packs / day for the last _____ years	Occasional

REVIEW OF SYSTEMS

joint pain / swelling (where?)	YES	NO	vision loss	YES	NO
_____			cataracts	YES	NO
_____			glaucoma	YES	NO
_____			eye pain / redness	YES	NO
muscle pain (where?)	YES	NO	dry mouth	YES	NO
_____			dry eyes	YES	NO
_____			frequent cavities	YES	NO
_____			swallowing difficulty	YES	NO
muscle weakness	YES	NO	fractures	YES	NO
morning stiffness	YES	NO	loss of height: _____ inches	YES	NO
_____			acid reflux / heartburn	YES	NO
lasting _____ min _____ hrs			stomach ulcers / bleeding	YES	NO
pain disrupting sleep	YES	NO	diarrhea / colitis	YES	NO
_____			constipation	YES	NO
fatigue / malaise / lethargy	YES	NO	problems with urination	YES	NO
loss of appetite	YES	NO	kidney stones	YES	NO
weight loss	YES	NO	blood / protein in urine	YES	NO
weight gain	YES	NO	prostate trouble	YES	NO
fever	YES	NO	sexual problems	YES	NO
night sweats	YES	NO	STD	YES	NO
_____			menstrual problems	YES	NO
seizures	YES	NO	miscarriages	YES	NO
headache	YES	NO	_____		
dizziness	YES	NO	blood clot in the leg / lung	YES	NO
persistent numbness or	YES	NO	bleeding / bruising problems	YES	NO
tingling in hands / feet			low blood / white cell count	YES	NO
_____			menopausal problems	YES	NO
skin rash	YES	NO	sleep difficulty	YES	NO
hair loss / bald spots	YES	NO	irritable bowel syndrome	YES	NO
sensitivity to the sun	YES	NO	depression	YES	NO
mouth / nose ulcers	YES	NO	anxiety	YES	NO
_____			memory problems	YES	NO
cough	YES	NO	concentration problems	YES	NO
shortness of breath	YES	NO	_____		
chest pain / pleurisy	YES	NO	Raynaud's phenomenon	YES	NO
ankle swelling / edema	YES	NO	painful color changes in hands		
jaw pain	YES	NO	or feet precipitated by cold		
hearing loss	YES	NO			
sore tongue	YES	NO			

Thank you for taking the time to complete this form.