

**MEDICAL HISTORY FORM** (COPY RIGHT OF ALL CARE CLINIC L.L.C. AT [WWW.ACUPUNCTURELIANGMD.COM](http://WWW.ACUPUNCTURELIANGMD.COM))

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_ DATE OF VISIT: \_\_\_\_\_

**PAST MEDICAL HISTORY:**

	Y	N		Y	N		Y	N
Acid Reflex			Enlarged Prostate			Irregular Heart Beat		
Anemia			Fibromyalgia			Kidney Stones		
Anxiety			Glaucoma			Lumbar Disorder		
Arthritis			Heart Attack			Migraine/Headache		
Asthma			Heart Disease			Neck Disorder		
Cancer			Hemorrhoids			Osteoporosis		
Cataracts			Hepatitis			Ovarian Cyst		
Colon Polyps			High Blood Pressure			Thyroid Disorder		
Diabetes			High Cholesterol			Seasonal Allergies		
Diverticulitis			Intestinal Bleeding			Others:		

**PAST SURGICAL HISTORY:**

HAVE YOU EVER REMOVED YOUR:	Y	N	OTHER SURGERIES:	Y	N
Appendix			Hip Replacement		
Gallbladder			Knee Arthroscopic Surgery		
Ovaries If "yes": Left or Right			Knee Replacement If "yes": Left or Right		
Tonsils			<b>HAVE YOU:</b>		
Uterus			Ever Had A Blood Transfusion?		
Have You Been Hospitalized For Any Illness?			Had Hernia Repaired?		
Others:					

**SOCIAL HISTORY:**

	Y	N		Y	N
Smoking _____packs/day x _____years			Do you eat chocolate?		
Coffee _____cups/day			Use drugs?		
Alcohol use:					

**REVIEW OF SYSTEMS:**

Please circle any symptoms you have experienced recently

General	Ears	Eyes	Nose	Throat
Weight Gain	Hearing Loss	Vision Loss	Nosebleed	Hoarseness
Weight Loss	Ringing in Ears	Blurry Vision	Nasal Congestion	Sore Throat
Loss of Appetite	Wax problems	Redness	Sinus Pain	Itchy Throat
Night Sweats	Ear Pain	Drainage	Post Nasal Drip	Difficulty Swallowing
Weakness	Ear Drainage	Dry Eyes	Snoring	Painful Swallowing
Fatigue		Itchy Eyes	Decreased Smell	
Swollen Glands				
Cardiovascular	Respiratory/Chest	Gastrointestinal	Urinary	Allergy
Chest Pain	Cough	Nausea/Vomiting	Painful Urination	Sinus Pain
Chest Pressure	Shortness of Breath	Stomach Pain	Flank Pain	Sinus Congestion
Irregular Heartbeat	Wheezing	Heartburn	Nighttime Urination	Hives
Fast Heart Beat	Coughing Up Blood	Diarrhea	Urine Leakage	Itchy Eyes
Swollen Legs/Ankles	Breast Lump	Constipation	Difficulty Urinating	Runny Nose
Varicose Veins	Nipple Discharge	Bloody Stool	Frequent Urination	
Easy Bruising		Mucous in Stool	Blood in Urine	
		Rectal Bleeding	Urinary Tract Infection	
Neurology	Skin	Musculoskeletal	Psychiatric	Medical Equipment
Headache	Rash	Joint Pain	Difficulty Sleeping	Nighttime Oxygen
Numbness/Tingling	Itchy Skin	Joint Swelling	Stress	Sinus Congestion
Memory Difficulties	Dry Skin	Joint Redness	Low Energy Level	CPAP
Speech Problems	New Mole	Joint Stiffness	Anxiety	BIPAP
Tremors	Change in Mole	Muscle Pain	Change in Mood	Walker
Loss in Balance	Skin Tags	Back Pain	Change in Behavior	Cane
Dizzy/Vertigo	Hair Loss	Neck Pain	Suicidal Thoughts	Insulin Pump
Fainting	Heat Intolerance	Loss of Strength	Eating Disorder	Pacemaker
Fall	Cold Intolerance		Domestic Abuse	Hearing Aid(s)
	Sores that won't heal			Glasses/Contacts
For Female Patients			For Male Patients	
Age of First Period _____ Date of Last Period _____ Age of Menopause _____ Bleeding Between Periods _____ Number of Pregnancies _____ Number of Children _____ Have you had a Hysterectomy? _____ Ovaries Removed? _____			Erection Difficulties: Yes/No Lump In Testicles: Yes/No Other:	

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

FAMILY HISTORY	FATHER	MOTHER	BROTHER				SISTER				AUNT/ UNCLE	CHILDREN							
			1	2	3	4	1	2	3	4		1	2	3	4	5			
Age (if living)																			
Healthy?																			
<b>Cancer</b> <input type="checkbox"/> Breast <input type="checkbox"/> Colon <input type="checkbox"/> Lung <input type="checkbox"/> Other																			
<b>Diabetes</b>																			
<b>Heart Attack</b>																			
<b>High Blood Pressure</b>																			
Age (at death)																			
<b>Cause of Death</b>																			

**LIST OF MEDICATION AND SUPPLEMENTS YOU ARE CURRENTLY TAKING:**


ALLERGY HISTORY	Y	N		Y	N
Penicillin			Adhesive Tape		
Sulfa Drugs			Any Foods		
Aspirin			Other:		
Codeine					
Latex					

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_