GURLEY EYE CARE ASSOCIATES

MEDICAL HISTORY and REVIEW OF SYSTEMS

NAME: ADDRESS: CITY, ST, ZIP:		Marital S	M / F Security #: Status:			
Telephone:				_ divorced wide		
Date of Birth:	Ag	ge: other_	other			
Name of Father: Are you personal Name:	PLEASE COMPLETE IF UNDER 18 YEARS OF AGE, OR A FULL TIME STUDENT: Name of Mother: y responsible for payment of your fees? If no, who is responsible? Phone:					
Address:		FIIONE.	_			
71001000.	Street	City		State	Zip	
REASON FOR TO	DAY'S VISIT:	·			•	
		FAMILY HISTORY: Among your b	lood relatives	EXPLAIN:		
Primary Care Phy	ysician:	a. Glaucoma b. Cataracts c. "Lazy Eye" or muscle imbala	nce ino y	'es		
Name of pharmacy that you use:		d. Retinal disease e. Macular disease f. Night blindness	No Y No Y			
Telephone of pha	armacy:	g. Color blindness h. Unexplained vision loss i. Diabetes mellitus	No Y	'es 'es 'es		
Form completedpatientfan	by: nilystaffother	j. Tumor or cancerk. High blood pressurel. High cholesterolm. Heart diseasen. Bleeding disorder	No Y No Y	'es		
2) If yes, how n3) Do you drink4) Work Status5) Any known to6) Living arrangDo you live a7) Do you drive	ke? Yes No nany cigarettes per day?_ alcohol? Yes No : oxic exposure? Yes I gements: home apart alone? Yes No S in the day? Yes No_	Drinks per dayCurrent	When Dri	did you stop? inks per week		
8) Are there so	cial problems affecting yo	our health (family illness, deaths, str	,		0	
ALLERGIES: Me	edications, foods, chemica	als, environment. (Please desc	cribe reaction	and when it occuri	red)	
MEDICATIONS: Eye Medications:	(Give names, dosage an	d frequency)				
Prescription Med	ications:					
Non-prescription	Medication:					
When did you las	st take aspirin in any form	?				

(OVER, PLEASE)

How would you rate your health? Poor Fair Good Excellent Do you have now or have you ever had: 1) Fevers, chills, night sweats, unexplained fatigue? No Yes 2) Have you gained or lost more than 10 pounds in the last year? No Yes 3) Ear, nose, throat problems; loss of hearing, smell; sinus disease, vertigo, dry mouth, difficulty swallowing, bleeding? No Yes 4) Heart or circulation problems? No Yes heart attack, angina? No Yes congestive heart failure, shortness of breath? No Yes irregular or rapid heart beat? No Yes high cholesterol? No Yes high cholesterol? No Yes high cholesterol? No Yes sastmat? No Yes sastmat? No Yes asthmat? No Yes chronic cough; emphysema; bronchitis? No Yes tuberculosis: positive skin date treatment? No Yes liver disease, hepatitis (type)? No Yes liver disease, hepatitis (type)? No Yes 3 Muscle weakness, inflammation, fatigue? No Yes 3 Muscle weakness, inflammation, fatigue? No Yes arthritis, joint swelling, low back pain? 7) Genitourinary, kidney, bladder, prostate problems? No Yes 3 Muscle weakness, inflammation, fatigue? No Yes arthritis, piont swelling, low back pain? No Yes osteoarthritis, rheumatiod, gout? 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? No Yes memory loss, disorientation, hallucinations, nervous breakdown, No Yes bate of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 11 Diabetes	SURGERY: Have you had any previous eye surgery / laser, or injury? No Yes If yes, please give name(s) of operation(s) or injuries and date(s): Date of last general anesthesia Any anesthesia complication? Yes No Describe:						
How would you rate your health? Poor Fair Good Excellent Do you have now or have you ever had: 1) Fevers, chills, night sweats, unexplained fatigue? No Yes 2) Have you gained or lost more than 10 pounds in the last year? No Yes 3) Ear, nose, throat problems; loss of hearing, smell; sinus disease, vertigo, dry mouth, difficulty swallowing, bleeding? No Yes 4) Heart or circulation problems? No Yes 4) Heart or circulation problems? No Yes 5 heart attack, angina? No Yes 6 congestive heart failure, shortness of breath? No Yes 7 congestive heart failure, shortness of breath? No Yes 8 congestive heart failure, shortness of breath? No Yes 9 cardiac pacemaker or heart valve? No Yes 9 stones, infections, frequency, VD? No Yes 9 stones, infections, frequency, VD? No Yes 9 osteoarthritis, rheumatiod, gout? No Yes 9 osteoarthritis, rheumation, fatigue? No Yes 9 osteoar							
Do you have now or have you ever had: 1) Fevers, chills, night sweats, unexplained fatigue? 1) Fevers, chills, night sweats, unexplained fatigue? 2) Have you gained or lost more than 10 pounds in the last year? 3) Ear, nose, throat problems; loss of hearing, smell; sinus disease, vertigo, dry mouth, difficulty swallbowing, bleeding? 4) Heart or circulation problems? heart attack, angina? No Yes heart attack, angina? No Yes congestive heart failure, shortness of breath? No Yes cardiac pacemaker or heart valve? high blood pressure? high cholesterol? No Yes high blood pressure? No Yes high blood pressure? No Yes shigh cholesterol? No Yes dhigh blood pressure? No Yes shigh cholesterol? No Yes dhigh cholesterol? No Yes asthma? No Yes dhortic cough; emphysema; bronchitis? tuberculosis; positive skin date treatment? No Yes dlears, diverticulitis, colitis, frequent diarrhea? No Yes ulcers, diverticulitis, colitis, frequent diarrhea? No Yes liver disease, hepatitis (type)? No Yes 3) Muscle weakness, inflammation, fatigue? Arthritis, pint swelling, low back pain? Soteoarthritis, rheumatiod, gout? No Yes soteoarthritis, rheumatiod, gout? No Yes soteoarthritis, rheumatiod, gout? No Yes soteoarthritis, rheumatiod, gout? No Yes Date of onset / Duration: Complications: kidney: Learner of the action of the prevail agents: Learner of the action of the prevail agents: Learner of the prevail agents are content infections; No Yes Date of onset / Duration: Complications: kidney: Learner of the prevail agents: Learner of the prevail agents: Learner of the prevail agents: Learner of the prevail agents are content agents: Learner of the prevail agen							
1) Fevers, chills, night sweats, unexplained fatigue? 2) Have you gained or lost more than 10 pounds in the last year? 3) Ear, nose, throat problems; loss of hearing, smell; sinus disease, vertigo, dry mouth, difficulty swallowing, bleeding? 4) Heart or circulation problems? 4) Heart or circulation problems? 5) No Yes 6) Heart attack, angina? 6) No Yes 7) Heart attack, angina? 7) No Yes 8) Heart attack, angina? 8) No Yes 8) Heart or circulation problems? 8) No Yes 9) Initiation of the problems of breath? 9) No Yes 1) Initiation of the problems of breath of the problems of the problem							
2) Have you game to riost into tent in to tent in your state as year; No 1es vertigo, dry mouth, difficulty swallowing, bleeding? No Yes 4) Heart or circulation problems? No Yes heart attack, angina? No Yes congestive heart failure, shortness of breath? No Yes irregular or rapid heart beat? No Yes cardiac pacemaker or heart valve? No Yes high blood pressure? No Yes high blood pressure? No Yes high blood pressure? No Yes sastma? No Yes chronic cough; emphysema; bronchitis? No Yes chronic cough; emphysema; bronchitis? No Yes tuberculosis; positive skin date for Gastrointestinal problems? No Yes liver disease, hepatitis (type)? No Yes liver disease, hepatitis (type)? No Yes stones, infections, frequency, VD? No Yes stones, infections, frequency, VD? No Yes arthritis, joint swelling, low back pain? No Yes stones wakness, inflammation, fatigue? No Yes stones wakness, inflammation, fatigue? No Yes stones wakness, inflammation, fatigue? No Yes stones osteoarthritis, rheumatiod, gout? No Yes 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? No Yes 10) Nervous systemic: TlA, stroke, seizures, difficulty walking, fremor, Parkinson's disease No Yes memory loss, disorientation, hallucinations, nervous breakdown, No Yes Date of onset / Duration: Complications: kidney:							
2) Have you game to riost into tent in to tent in your state as year; No 1es vertigo, dry mouth, difficulty swallowing, bleeding? No Yes 4) Heart or circulation problems? No Yes heart attack, angina? No Yes congestive heart failure, shortness of breath? No Yes irregular or rapid heart beat? No Yes cardiac pacemaker or heart valve? No Yes high blood pressure? No Yes high blood pressure? No Yes high blood pressure? No Yes sastma? No Yes chronic cough; emphysema; bronchitis? No Yes chronic cough; emphysema; bronchitis? No Yes tuberculosis; positive skin date for Gastrointestinal problems? No Yes liver disease, hepatitis (type)? No Yes liver disease, hepatitis (type)? No Yes stones, infections, frequency, VD? No Yes stones, infections, frequency, VD? No Yes arthritis, joint swelling, low back pain? No Yes stones wakness, inflammation, fatigue? No Yes stones wakness, inflammation, fatigue? No Yes stones wakness, inflammation, fatigue? No Yes stones osteoarthritis, rheumatiod, gout? No Yes 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? No Yes 10) Nervous systemic: TlA, stroke, seizures, difficulty walking, fremor, Parkinson's disease No Yes memory loss, disorientation, hallucinations, nervous breakdown, No Yes Date of onset / Duration: Complications: kidney:	, , , , , , , , , , , , , , , , , , , ,	No Yes					
3) Ear, nose, throat problems; loss of hearing, smell; sinus disease, vertigo, dry mouth, difficulty swallowing, bleeding? 4) Heart or circulation problems? 4) Heart or circulation problems? 4) Heart or circulation problems? 5) Heart attack, angina? 6) No Yes 6) Gastrointestinal problems? 7) No Yes 7) No Yes 8) High cholesterol? 8) Respiratory problems? 8) No Yes 8) Chronic cough; emphysema; bronchitis? 8) Uberculosis; positive skin date 8) treatment? 9) No Yes 9) Castrointestinal problems? 9) No Yes 10) Gastrointestinal problems? 10) Gastrointestinal problems? 11) Genitourinary, kidney, bladder, prostate problems? 12) Stones, infections, frequency, VD? 13) Skin, nall or hair problems; out of yes 14) Skin, nall or hair problems; out of yes 15) Skin, nall or hair problems; overactive; 16) Skin, nall or hair problems; ezema, psoriasis, rosacea, infections? 16) Nervous systemic: 17) The stones, difficulty walking, tremor, Parkinson's disease 17) No Yes 18) Diabetes 19) Date: 18) If applicable, are you pregnant? Yes 19) Other medical problems: 18) If applicable, are you pregnant? Yes 19) Expected Date of Delivery 10) Other medical problems: 18) If applicable, are you pregnant? Yes 19) Expected Date of Delivery 10) Other medical problems: 18) If applicable, are you pregnant? Yes 19) Expected Date of Delivery 10) Other medical problems: 18) If applicable, are you pregnant? Yes 19) Other medical problems:	· · · · · · · · · · · · · · · · · · ·	No Yes					
A Heart of circulation problems? No Yes heart attack, angina? No Yes congestive heart failure, shortness of breath? No Yes irregular or rapid heart beat? No Yes cardiac pacemaker or heart valve? No Yes high blood pressure? No Yes high blood pressure? No Yes high cholesterol? No Yes Street No Yes	3) Ear, nose, throat problems; loss of hearing, smell; sinus disease,						
A Heart of circulation problems? No Yes heart attack, angina? No Yes congestive heart failure, shortness of breath? No Yes irregular or rapid heart beat? No Yes cardiac pacemaker or heart valve? No Yes high blood pressure? No Yes high blood pressure? No Yes high cholesterol? No Yes Street No Yes	vertigo, dry mouth, difficulty swallowing, bleeding?	No Yes					
neart attack, anginar congestive heart failure, shortness of breath? No Yes irregular or rapid heart beat? No Yes cardiac pacemaker or heart valve? No Yes high blood pressure? No Yes high blood pressure? No Yes Sheart yes sathma? No Yes Sheart yes sathma? No Yes sathma? No Yes chronic cough; emphysema; bronchitis? No Yes sathma? No Yes chronic cough; emphysema; bronchitis? No Yes sathma? No Yes subronic cough; emphysema; bronchitis? No Yes subronic cough; emphysema; bronchitis? No Yes subroncious; positive skin date treatment? No Yes sones, infections, frequency, VD? No Yes sones, infections, frequency, VD? No Yes sones, infections, infections, frequency, VD? No Yes sones, infections, frequency, VD? No Yes sones infections infections, frequency, VD? No Yes sones infections? No Yes sones infections yet main or hair problems; eczema, psoriasis, rosacea, infections? No Yes sones infections infections infections, nervous breakdown, No Yes sones infections, nervous breakdown, No Yes sones infections, nervous breakdown, No Yes sones infections infections, insulin: treatment: 12) Thyroid Disease underactive: overactive: overactive: treatment: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenat: Pitulatry, (har loss; unusual hand/foot growth: ahonomal menstual cycle: heatcold intolerance: change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands. 15) Transfusions of blood or plasma: handfoot growth: ahonomal menstual cycle: heatcold intolerance: change in libido) 14) Blood disorders: easy bruising anemia clot in	4) Heart or circulation problems?	No Yes					
high blood pressure? high cholesterol? No Yes Shespiratory problems? asthma? No Yes asthma? No Yes chronic cough; emphysema; bronchitis? tuberculosis; positive skin date treatment? No Yes tuberculosis; positive skin date treatment? No Yes Gastrointestinal problems? ulcers, diverticulitis, colitis, frequent diarrhea? No Yes liver disease, hepatitis (type)? No Yes Stones, infections, frequency, VD? No Yes arthritis, joint swelling, low back pain? osteoarthritis, rheumatiod, gout? No Yes Shin, alid or hair problems; eczema, psoriasis, rosacea, infections? No Yes No Yes Osteoarthritis, rheumatiod, gout? No Yes Osteoarthritis, rheumatiod. No Yes Osteoarthritis, r	heart attack, angina?	No Yes					
high blood pressure? high cholesterol? No Yes high cholesterol? No Yes J Respiratory problems? asthma? No Yes asthma? No Yes chronic cough; emphysema; bronchitis? tuberculosis; positive skin date	congestive heart failure, shortness of breath?	No Yes					
high blood pressure? high cholesterol? No Yes high cholesterol? No Yes J Respiratory problems? asthma? No Yes asthma? No Yes chronic cough; emphysema; bronchitis? tuberculosis; positive skin date	irregular or rapid heart beat?	No Yes					
high cholesterol? No Yes 5) Respiratory problems? No Yes asthma? No Yes chronic cough; emphysema; bronchitis? No Yes tuberculosis; positive skin date treatment? No Yes Ulcers, diverticulitis, colitis, frequent diarrhea? No Yes liver disease, hepatitis (type)? No Yes liver disease, hepatitis (type)? No Yes Stones, infections, frequency, VD? No Yes 8) Muscle weakness, inflammation, fatigue? No Yes arthritis, joint swelling, low back pain? No Yes 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? No Yes 10) Nervous systemic: TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease No Yes memory loss, disorientation, hallucinations, nervous breakdown, No Yes Date of onset / Duration: Complications: kidney: neuropathy: vascular: coular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/floot growth; abnormal menstural cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No	cardiac pacemaker or heart valve?	No Yes					
nign cholesteror? No Yes asthma? No Yes chronic cough; emphysema; bronchitis? tuberculosis; positive skin date treatment? No Yes tuberculosis; positive skin date treatment? No Yes cloronic cough; emphysema; bronchitis? tuberculosis; positive skin date treatment? No Yes clores clore	high blood pressure?	No Yes					
Shespiratory problems? No Yes	high cholesterol?	No Yes					
astrina? chronic cough; emphysema; bronchitis? thoroic cough; emphysema; bronchitis? tuberculosis; positive skin date treatment? No Yes discarbinal problems? ulcers, diverticulitis, colitis, frequent diarrhea? liver disease, hepatitis (type)? No Yes liver disease, hepatitis (type)? No Yes Jenitourinary, kidney, bladder, prostate problems? Stones, infections, frequency, VD? No Yes stones, infections, frequency, VD? No Yes arthritis, joint swelling, low back pain? osteoarthritis, pheumatiod, gout? No Yes Jenitourinary of the manufaction of the legs recurrent infections swollen glands Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No PATIENT SIGNATURE: Date:	9	No Yes					
tuberculosis; positive skin date treatment? No Yes 6) Gastrointestinal problems? No Yes 1		No Yes					
tiber cuitos, positive stin date		No Yes					
olcers, diverticulitis, colitis, frequent diarrhea? liver disease, hepatitis (type)? No Yes		No Yes					
liver disease, hepatitis (type	•	No Yes					
No Fes		No Yes					
7) Genitourinary, kidney, bladder, prostate problems? stones, infections, frequency, VD? 8) Muscle weakness, inflammation, fatigue? arthritis, joint swelling, low back pain? osteoarthritis, rheumatiod, gout? 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? 10) Nervous systemic: TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease memory loss, disorientation, hallucinations, nervous breakdown, depression, anxiety 11) Diabetes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual handifoot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: PATIENT SIGNATURE: Date:		No Yes					
stories, infections, nequency, VE: arthritis, joint swelling, low back pain? osteoarthritis, rheumatiod, gout? 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? 10) Nervous systemic: TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease memory loss, disorientation, hallucinations, nervous breakdown, depression, anxiety 11) Diabetes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary:_ (hair loss; unusual hand/loot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: Date: Date:		No Yes					
arthritis, joint swelling, low back pain? arthritis, joint swelling, low back pain? osteoarthritis, rheumatiod, gout? 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? 10) Nervous systemic: TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease memory loss, disorientation, hallucinations, nervous breakdown, depression, anxiety 11) Diabetes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss: unusual hand/loot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems:		No Yes					
artifinits, joint swelling, low back pain? osteoarthritis, rheumatiod, gout? No Yes 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? No Yes 10) Nervous systemic: TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease No Yes memory loss, disorientation, hallucinations, nervous breakdown, No Yes depression, anxiety No Yes 11) Diabetes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: treatment: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/loot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: Date:		No Ves					
osteoarnnis, rneumatiod, gout? 9) Skin, nail or hair problems; eczema, psoriasis, rosacea, infections? 10) Nervous systemic: TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease No Yes memory loss, disorientation, hallucinations, nervous breakdown, No Yes depression, anxiety 11) Diabetes No Yes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: Date:	· · · · · · · · · · · · · · · · · · ·	No Ves					
9) Skill, flail of hair problems; eczema, psoriasis, rosacea, illections? No Yes 10) Nervous systemic: TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease No Yes memory loss, disorientation, hallucinations, nervous breakdown, No Yes depression, anxiety No Yes 11) Diabetes No Yes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No PATIENT SIGNATURE: Date:		No Vos					
TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease No Yes memory loss, disorientation, hallucinations, nervous breakdown, No Yes depression, anxiety No Yes No Yes No Yes 11) Diabetes No Yes No Yes No Yes Date of onset / Duration: Complications: kidney:neuropathy:vascular:ocular:Treatment: diet:oral agents:insulin: 12) Thyroid Disease underactive:overactive:treatment: 13) Adrenal:Pituitary:(hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruisinganemiaclot in legsrecurrent infectionsswollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? YesExpected Date of Delivery No 19) Other medical problems:	· · · · · · · · · · · · · · · · · · ·	No Vos					
TIA, stroke, seizures, difficulty walking, tremor, Parkinson's disease memory loss, disorientation, hallucinations, nervous breakdown, No Yes depression, anxiety 11) Diabetes No Yes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: Date:		110 163					
memory loss, disorientation, hallucinations, nervous breakdown, No Yes depression, anxiety No Yes 11) Diabetes No Yes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive:_ overactive:_ treatment: 13) Adrenal:_ Pituitary:_ (hair loss; unusual hand/loot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia_ clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: Date:	, , , , , , , , , , , , , , , , , , ,	No. Voc					
depression, anxiety No Yes							
11) Diabetes Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary:_ (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: Date:							
Date of onset / Duration: Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Diseaseunderactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems:	· · · · · · · · · · · · · · · · · · ·						
Complications: kidney: neuropathy: vascular: ocular: Treatment: diet: oral agents: insulin: 12) Thyroid Diseaseunderactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems:	,	No res					
Treatment: diet: oral agents: insulin: 12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems:	Date of onset / Duration:	_					
12) Thyroid Disease underactive: overactive: treatment: 13) Adrenal: Pituitary: (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems:							
13) Adrenal: Pituitary: (hair loss; unusual hand/foot growth; abnormal menstrual cycle; heat/cold intolerance; change in libido) 14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: PATIENT SIGNATURE:							
14) Blood disorders: easy bruising anemia clot in legs recurrent infections swollen glands 15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: PATIENT SIGNATURE: Date:	· ·						
15) Transfusions of blood or plasma: 16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: PATIENT SIGNATURE: Date:							
16) AIDS, ARC, or HIV positive test (give date): 17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: PATIENT SIGNATURE: Date:		ent infections swollen glands					
17) Cancer or tumor: Type, location, date, treatment 18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: PATIENT SIGNATURE: Date:	· · · · · · · · · · · · · · · · · · ·						
18) If applicable, are you pregnant? Yes Expected Date of Delivery No 19) Other medical problems: PATIENT SIGNATURE: Date:	, , , , , , , , , , , , , , , , , , , ,						
19) Other medical problems: PATIENT SIGNATURE: Date:	17) Cancer or tumor: Type, location, date, treatment						
19) Other medical problems: PATIENT SIGNATURE: Date:	40) (6 11 11 10) (7 15 11 15 11 15 11 15 11	NI.					
PATIENT SIGNATURE: Date:							
	19) Other medical problems:						
Reviewed by: Date:	PATIENT SIGNATURE:	Date:					
	Reviewed by:	Date:					