



MEDICAL INFORMATION SHEET

PATIENT NAME _____

Height _____ Weight _____

Past Medical History

General

- Denial of any significant medical history
- History unobtainable
- History partially obtainable
- History of cancer
- Recent methicillin-resistant Staphylococcus aureus infection
- Patient is non-ambulatory

Cardiovascular Diseases

- Heart disease
- Lymphedema
- Coronary artery disease
- Heart Attack
- Peripheral arterial disease
- DVT of lower extremity
- High Cholesterol
- High Blood Pressure
- Stroke

Pulmonary Diseases

- Pulmonary disease
- Asthma
- Chronic obstructive pulmonary disease
- Dependence on supplemental oxygen

Neurologic Diseases

- Neurologic disorder
- Peripheral neuropathy
- Foot drop
- Dementia
- Nervous Disorder

Orthopedic Problems

- Arthritic joints
- Replacement of joint
- Psoriatic arthritis
- Rheumatoid arthritis
- Back Pain
- Sciatica

GenitoUrinary Diseases

- Renal disease
- Renal dialysis status

Gastrointestinal Diseases

- Gastric and duodenal disorders
- Liver Disease
- Esophageal reflux
- Gastric ulcer
- Crohn's disease
- Irritable bowel syndrome

Metabolic Diseases

- Diabetes mellitus
- Thyroid disease
- Gout
- HIV/AIDS

Dermatologic Diseases

- Ulcer on feet
- Skin disorder
- Malignant melanoma of skin
- Skin Cancer
- Psoriasis

Psychiatric Disorders

- Psychiatric disorders
- Dementia
- Alzheimer's disease

Please circle the positives on the list below if you have any of the following symptoms:

CONSTITUTIONAL: Fatigued Fever Chills Night sweats Recent weight loss Recent weight gain Decreased appetite Insomnia

EYE : Blurry vision Worsening vision Double vision Total vision loss Dry eyes Mucous discharge from eyes

ENT SYMPTOMS: Hearing loss Ear pain Vertigo Ringing ears Nosebleeds Gum bleeding

CARDIOVASCULAR: Chest pain Palpitations Leg pain with exercise Limb swelling Varicose veins

RESPIRATORY: Difficulty breathing Awakening at night short of breath Cough Wheezing Hemoptysis

GI SYMPTOMS: Bloating Abdominal pain Nausea Vomiting Flatus Constipation Diarrhea Difficulty swallowing Heartburn

GU SYMPTOMS: Hematuria Urine is cloudy Urinary urgency Change in urinary frequency Urinary incontinence Pain during urination

MUSCULOSKELETAL: Generalized decrease in strength Muscle weakness Pain in fingers Back pain Shoulder joint pain Hip joint pain
Knee joint pain Muscle aches Arthralgias Limb pain Limb swelling Stiffness of joint

INTEGUMENTARY: Dry skin Itching Peeling of skin Focalized skin discoloration Rash Scar

NEUROLOGICAL: Lightheadedness Headache Fainting Memory loss Difficulty walking Numbness Tingling Burning pain

PSYCHIATRIC: Feeling restless Anxiety Depression Sleep disturbances Hallucinations

ENDOCRINE: Temperature intolerance Excessive sweating Muscle weakness Loss of body hair Increased hair growth Weight gain

HEMATOLOGIC: Easy bleeding Excessive bleeding Easy bruisability

ALLERGIC/IMMUNE: Nasal discharge Sneezing Urticaria