

Name: _____

General

- Hand dominance: Right Left
- Hobbies: _____
- Occupation: _____
- Email address (will be used to send educational material regarding your diagnosis, if applicable):

- How did you hear about us? **Radio** **Newspaper** **Facebook** **Website** **Friend:** _____
- What brings you in today?

- Date of Injury: _____
- Is this a known injury related to Work Comp OR a Motor Vehicle Accident?
 - Description: _____

Medication History

- Please list all Medications (Over The Counter/ Vitamins/ Supplements & Prescriptions)

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- Allergies: _____
- Preferred Pharmacy : _____

Family History

- Please list any living or deceased relatives with any of the following conditions:

| Relative | Living Y/N | Diabetes | Heart Disease | Cancer | COPD | High Cholesterol | Mental Illness | High Blood Pressure | Other |
|----------------------|---------------|----------|------------------|--------|------|---------------------|-------------------|------------------------|-------|
| Mother | | | | | | | | | |
| Father | | | | | | | | | |
| Maternal Grandmother | | | | | | | | | |
| Maternal Grandfather | | | | | | | | | |
| Paternal Grandmother | | | | | | | | | |
| Paternal Grandfather | | | | | | | | | |

Surgical History

- Please list all surgical history including **Spine stimulators/ Pacemaker/ Defibrillator/ Stents/ Heart procedures/ Colonoscopy**

| Procedure | Year |
|-----------|------|
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Care Team

- Primary Care Doctor: _____
- Cardiologist: _____
- Other Specialist (ex: Pulmonologist, Neurologist): _____

Social History

Please circle if you are a: Current Smoker/ Previous smoker/ Never smoker

- How much do you smoke per day? _____
- When did you quit? _____
- Do you use e-cigarettes, vape, or chew tobacco? _____
- How often do you drink alcohol? _____
- Any recreational drug use? _____

Past Medical History

Please circle if you have or ever had any of the following problems:

- Asthma
- Alcoholism
- Anxiety or Depression
- Atrial Fibrillation (A fib)
- COPD
- Anemia
- Sleep Apnea
- Stroke
- Auto immune disorder
- Heart Disease
- High Blood Pressure
- Kidney or Thyroid Problems
- Dementia
- Diabetes: last A1c _____
- Seizures
- Elevated cholesterol
- Cancer: _____
- Aneurysm