

NAME: _____

DATE OF BIRTH: _____

GENDER AT BIRTH: Male _____ Female _____

CONCERNS TODAY: _____

PREVIOUS/ONGOING MEDICAL CONDITIONS:

SURGERIES/ACCIDENTS/INJURIES:

ALLERGIES (what is the reaction?):

MEDICATIONS (prescriptions, over-the-counter, supplements):

PERSONAL HABITS:

		How much?	How Often?
Tobacco Use/Vaping	Y N	_____	_____
Alcohol Use	Y N	_____	_____
Marijuana Use	Y N	_____	_____
Other recreational drugs	Y N	_____	_____
Exercise	Y N	_____	_____

Do you consider yourself: Heterosexual __ Homosexual __ Bisexual __ Transgender __ Queer __
Something else _____

In a sexual relationship? Y N Partner(s) are Men __ Women __ Both __
How do you prevent sexually-transmitted infections? _____

FAMILY MEDICAL HISTORY:

Please indicate blood relatives (mother, father, sister, brother, grandmother, grandfather, aunt, uncle) with any of the following conditions:

<u>Condition</u>	<u>Relative</u>	<u>Condition</u>	<u>Relative</u>
Anxiety/Depression	_____	Colon Polyps	_____
Bleeding/Clotting Disorder	_____	Early Death	_____
Cancer (Type?)	_____	Mental Illness	_____
Diabetes (Type? Insulin?)	_____	Stroke	_____
Heart Problems	_____	Suicide	_____
High Blood Pressure	_____	Thyroid Disorders	_____
Rheumatoid Arthritis	_____	Other	_____

PLEASE MARK ANY OF THE FOLLOWING SYMPTOMS YOU HAVE HAD RECENTLY:

CONSTITUTIONAL

- Weight gain/loss
- Chills
- Fever
- Fatigue
- NONE

EYES

- Change in vision
- Blurred vision
- NONE

EARS, NOSE, THROAT

- Ear pain
- Change in hearing
- Nasal congestion
- Frequent runny nose
- Sore throat
- NONE

CARDIOVASCULAR

- Chest pain
- Palpitations
- Swelling of the feet and/or ankles
- NONE

RESPIRATORY

- Cough
- Shortness of breath
- Wheezing
- NONE

GASTROINTESTINAL

- Abdominal pain
- Acid reflux
- Constipation
- Diarrhea
- Nausea
- Vomiting
- NONE

MALE REPRODUCTIVE

- Difficulty with erections
- Sexual concerns
- NONE

URINARY

- Frequent urination
- Pain with urination
- Blood in urine
- Urinary incontinence
- Difficulty passing urine/weak stream
- NONE

MUSCULOSKELETAL

- Joint pain
- Joint swelling
- NONE

SKIN

- Rash
- Dry skin
- NONE

BLOOD/LYMPHATIC

- Easy bruising
- Excessive bleeding
- Swollen glands
- NONE

ENDOCRINE

- Intolerance to heat or cold
- Excessive thirst
- NONE

NEUROLOGIC

- Headaches
- Dizziness
- Memory loss
- NONE

PSYCHIATRIC

- Anxiety
- Depression
- Sleep problems
- NONE

ANY OTHER CONCERNS/SYMPTOMS?
