

MEDICAL/SOCIAL HISTORY/REVIEW OF SYSTEMS - PLEASE CIRCLE & ENTER PERTINENT INFORMATION

NEUROLOGIC: SEIZURES / STROKE / TIA / DEMENTIA / PARKINSONS / OTHER YES/NO		
EXPLAIN:		
PSYCHIATRIC: YES / NO		
EYE ISSUES: CATARACTS / GLAUCOMA / MACULAR DEGENERATION / BLINDNESS / VISUALLY IMPAIRED YES / NO		
HEARING IMPAIRMENT YES / NO		
THYROID PROBLEMS YES / NO		
RESPIRATORY: ASTHMA / HAY FEVER / EMPHYSEMA / CHRONIC BRONCHITIS / COPD / SINUSITIS YES/NO		
CARDIAC: HEART ATTACK / ANGINA / VALVE DISEASE / ARTIFICIAL VALVE/ RHYTHM DISORDER / PACEMAKER YES / NO		
EXPLAIN:		
HYPERTENSION YES / NO		
GASTROINTESTINAL: HEPATITIS / PANCREATITIS / ULCER / COLITIS / CROHN'S / DIVERTICULITIS / OTHER YES / NO		
EXPLAIN:		
GENITOURINARY: KIDNEY / BLADDER YES / NO		
ORTHOPEDIC: ARTIFICIAL JOINT YES / NO RHEUMATOID ARTHRITIS/ PSORIATIC ARTHRITIS / OSTEOARTHRITIS YES/NO		
DIABETES ADULT ONSET / JUVENILE YES/ NO		
BLOOD: TRANSFUSIONS / DISORDERS YES/NO		
IMMUNE SYSTEM: LUPUS / VITILIGO / ALOPECIA AREATA / IMMUNOSUPPRESSED YES / NO		
VIRAL: HIV YES / NO HERPES GENITAL / ORAL YES / NO EPISODES PER YEAR?		
DERMATOLOGIC: ATOPIC DERMATITIS / ECZEMA / PSORIASIS / KELOIDS / RAISED SCARS YES / NO		
CANCER (OTHER THAN SKIN): YES / NO TYPE & DATE OF DIAGNOSIS:		
UNDERGOING TREATMENT? YES / NO WHAT KIND?		
IN REMISSION YES / NO ACTIVE DISEASE YES / NO STABLE YES / NO		
YOUR (NOT FAMILY) OTHER PERTINENT MEDICAL/SURGICAL HISTORY		
FAMILY PERTINENT MEDICAL HISTORY(OTHER THAN SKIN CANCER):		
WIDOWED? Y/N LIVE ALONE? Y / N IF NO, WHO WITH? SPOUSE/ RELATIVE / SIGNIFICANT OTHER NAME:		
EDUCATION	PAST/PRESENT OCCUPATION(S)	EMPLOYED Y/ N RETIRED Y/ N
HOBBIES / ACTIVITIES		
INFO GIVEN TO PATIENT:		
STAFF: INITIAL UPDATES		
PATIENT NAME:	DOB	DATE