Patient Name:_____ DOB:_____ Birthplace:_____

Family History (Has any blood relative had any of the following diseases?)

	Please circle		Who		Please circle		Who
Cancer	No	Yes		High Blood Pressure	No	Yes	
Tuberculosis	No	Yes		Bleeding Problems	No	Yes	
	No	Yes		Hearing Loss	No	Yes	

Personal History (Have you ever had the following illnesses?)

Measles	No	Yes	Kidney Disease	No	Yes	
Mumps	No	Yes	Gonorrhea or Syphilis	No	Yes	
Chickenpox	No	Yes	Anemia	No	Yes	
Whooping Cough	No	Yes	Jaundice or Hepatitis	No	Yes	
Scarlet Fever	No	Yes	Epilepsy or Seizures	No	Yes	
Diptheria	No	Yes	Migraine Headaches	No	Yes	
Smallpox	No	Yes	Tuberculosis	No	Yes	
Pneumonia	No	Yes	Diabetes	No	Yes	
Influenza	No	Yes	Cancer	No	Yes	
Pleurisy	No	Yes	High/Low Blood Pressure	No	Yes	
Heart Disease	No	Yes	Nervous Breakdown	No	Yes	
Arthritis	No	Yes	Drug or Chemical poisoning	No	Yes	
Any Bone or Joint Disease	No	Yes	Asthma	No	Yes	
Neuritis or Neuralgia	No	Yes	Hives or Eczema	No	Yes	
Bursitis, Sciatica	No	Yes	Frequent Colds/Sore Throats	No	Yes	
Polio or Meningitis	No	Yes	Paralysis	No	Yes	
Fainting Spells	No	Yes	Enlarged Glands	No	Yes	
Enlarged Thyroid or Goiter	No	Yes	Circulation Problems	No	Yes	
Bleeding Disorders	No	Yes				
Herpes/Cold Sores	No	Yes				

HABITS

Alcoholic Beverages: Never___ Barely___ Moderate___ Daily___

Tobacco: Cigarettes___ Packs per day___ Number of years___: Cigars___ Pipe___ Chewing Tobacco___ Snuff___

Is the environment in which you work loud or noisy?	No	Yes
Have you ever been exposed in the past to any loud or unusual noise?	No	Yes
Are you exposed to chemicals or have you been?	No	Yes
Have you been in the Military Service?	No	Yes
Have you been involved in a malpractice suit?	No	Yes

Medications: (List all including aspirin, hormones, diet pills, etc.)

Allergies: (List all including medications, food, tape, etc.)

Women: Last menstrual cycle/ # of Pregnancies_____

Surgery: List all operations:_____

Hospitalizations:_____

Any medical problems not noted?_____

Referring Doctor:_____ Reason for seeing doctor:_____

Patient Signature:_____ Date:_____