DEMERA

Adult Medical History

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Patient Name: _____ DOB: _____ Date: _____

Age: _____ Sex: _____ Ht: _____ Wt: _____ BMI: _____

Primary Physician: _____ Referring Physician: _____

Reason for Visit: _____

Medical History (check box if applicable and explain):

- ☐ Cancer (list types & dates)
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart Attack
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Jaundice / Hepatitis
- ☐ Lung Disease (TB, Asthma, Pneumonia, CF)
- ☐ Migraine Headaches
- ☐ Neurologic Disease
- ☐ Pregnancy
- ☐ Reflux
- ☐ Sleep Apnea
- ☐ Stroke
- ☐ Stomach Problems
- ☐ Thyroid Disease
- ☐ Ulcers
- ☐ Other (explain)

Surgical History: _____

_____

Current Medications/Dosage: _____

_____

_____

Allergies/Intolerances to Medications : _____

_____

Family History (reference family member):

☐ Allergies _____ ☐ Asthma _____ ☐ Diabetes _____ ☐ Heart Attack _____

☐ Heart Disease _____ ☐ Hives _____ ☐ Hypertension _____ ☐ Stroke _____

Social History: Birthplace _____ How long in local area _____

Smoking? YES / NO Years smoked: _____ Packs per day: _____ Year quit: _____

Alcohol? YES / NO Number of years: _____ Amount daily or weekly: _____

Occupation: _____ Number of Children: _____ Marital Status: S M D W

Review of System (check box if applicable recently):

General: ☐ Fever ☐ Weight Loss ☐ Loss of appetite ☐ Fatigue

Eyes: ☐ Visual impairment ☐ Cataracts ☐ Glaucoma ☐ Double vision

ENT: ☐ Dizziness ☐ Canker sores ☐ Hearing loss ☐ Ringing in the ears ☐ Loss of smell ☐ Loss of taste

CV: ☐ Irregular beat ☐ Palpitations ☐ Chest pains (angina) ☐ Foot/ankle swelling ☐ Leg pain ☐ Poor circulation in legs ☐ Varicose veins

Resp: ☐ Wheezing ☐ Cough ☐ Cough w/ mucous or w/o shortness of breath ☐ Recurrent infections

GI: ☐ Heartburn/GERD ☐ Ulcer ☐ Black stools ☐ Rectal bleeding ☐ Diarrhea ☐ Constipation ☐ Pain

GU: ☐ Blood in urine ☐ Nausea/vomiting ☐ Recurrent infections ☐ Urinary tract problems ☐ Menstrual problems ☐ Menopause ☐ Prostrate trouble

MS: ☐ Joint pain ☐ Autoimmune disease (lupus, etc.) ☐ Chronic rashes

Neuro: ☐ Headaches ☐ Seizure disorder ☐ Brain injury ☐ Developmentally disabled/Learning disability ☐ Fainting spells

Integument: ☐ Eczema ☐ Psoriasis ☐ Boils ☐ Acne ☐ Breast abnormalities

Endocrine: ☐ Polydipsia (always thirsty) ☐ Polyuria (frequent urination) ☐ Cold ☐ Hot ☐ Tremors

Heme/Lymph: ☐ Anemia ☐ Bleeder