



NEW PATIENT MEDICAL HISTORY

PRIMARY CARE DR: _____

MEDICAL PROBLEMS:

- HIGH BLOOD PRESSURE DIABETES HIGH CHOLESTEROL ANXIETY
- DEPRESSION LOW THYROID AUTOIMMUNE DISORDER
- HEART DISEASE RESTLESS LEGS MEMORY ISSUES KIDNEY DISEASE
- COPD/EMPHYSEMA ASTHMA ARTHRITIS EYE PROBLEMS
- BLOOD DISORDER/ANEMIA
- CANCER (TYPE) _____
- OTHER _____

ALLERGIES:

DO YOU SMOKE Y N

VAPE Y N

ALCOHOL DAILY Y N

SURGERIES/DATES:

MEDICATIONS:

OTHER DOCTORS THAT YOU SEE:

