

DATE : _____

MEDICAL SCREENING FORM

Circle YES or NO...

Have you or any immediate family member ever been told you have:

Self	Family
Cancer ?.....Yes .. No	YesNo
Diabetes ?Yes .. No	YesNo
High blood pressure ?.....Yes .. No	YesNo
Heart disease ?.....Yes .. No	YesNo
Angina/chest pain ?Yes .. No	YesNo
Stroke ?.....Yes .. No	YesNo
Osteoporosis ?Yes .. No	YesNo
Osteoarthritis ?Yes .. No	YesNo
Rheumatoid arthritis ?Yes .. No	YesNo

In the past 3 months have you had or do you experience:

- A change in your health ?..... Yes..... No
- Nausea/Vomiting ?Yes..... No
- Fever/chills/sweats ?Yes..... No
- Unexplained weight change ?..... Yes..... No
- Numbness or tingling ?.....Yes..... No
- Changes in appetite ?.....Yes..... No
- Difficulty swallowing ?.....Yes..... No
- Changes in bowel or bladder function ?Yes..... No
- Shortness of breath ?Yes .. No
- Dizziness ?.....Yes..... No
- Upper respiratory infection ?.....Yes..... No
- Urinary tract infection ?Yes..... No

Circle YES or NO...

Do you have a history of:

- Allergies/Asthma ?..... Yes No
- Headaches ?Yes No
- Bronchitis ?Yes No
- Kidney disease ?Yes No
- Rheumatic fever ?Yes No
- Ulcers ?Yes No
- Sexually transmitted disease ? . Yes No
- Seizures ?Yes No

Are you currently:

- Pregnant ?..... Yes No
- Depressed ?Yes No
- Under Stress ?Yes No

Are your symptoms: (check one)

- Getting worse
- The same
- Improving

How are you able to sleep at night? (check one)

- Fine
- Moderate difficulty
- Only with medication

Check all that apply...

Do you have a problem with ... (check all that apply)

- Hearing
- Vision
- Speech
- Communication

Do you or have you in the past smoked tobacco?

YES NO

If yes, _____ Packs **X** _____ Years.
Last tobacco use _____

Do you drink alcoholic beverages? YES NO

If yes, how many drinks do you routinely have per week? _____/week.

Date of last physical examination _____

List medications currently using:

Patient Information:

NAME _____

PHONE: _____

Please use the diagram below to indicate where you feel symptoms right now. Use the following key to indicate the different types of symptoms.

KEY: Pins & Needles = 00000
Burning = XXXXX

Stabbing = ////
Deep Ache = zzzzz

