



The name to trust in sports medicine.

PATIENT HISTORY FORM - CONFIDENTIAL

Name _____ Date _____

Primary physician/Family doctor _____

Past Medical History (check all that apply)

- High blood pressure, Heart attack/angina, Congestive heart failure, Stroke, Lung disease, Liver disease, Blood clots, Stomach ulcers, Diabetes, Cancer, Asthma, Kidney disease, Other

Do you have Hepatitis B/Hepatitis C/Tuberculosis or HIV infection? (Circle any that apply)

Table with 2 columns: Previous Surgeries, Date

Please indicate if you use the following substances

Tobacco, Alcohol, Recreational drugs with frequency options: Never, Rarely, Social, Daily

What medications do you take? (Please list each medication and dosage)

Blank lines for listing medications and dosages

I do not take any medications

Do you have any known medication allergies? (Please list medication and reaction)

Blank lines for listing medication allergies and reactions

I do not have any known medication allergies

Family History

Table with 2 columns: Medical condition, Type for Family History

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REVIEW OF SYMPTOMS

Please circle any current problems related to the areas listed below.

Name _____

Date _____

1. CONSTITUTIONAL

- Weight change
- Fevers
- Sweats
- Fatigue

2. EYES

- Blurred Vision

3. EARS, NOSE, THROAT

- Loss of hearing
- Dizziness
- Nose bleeding
- Gum bleeding

4. RESPIRATORY

- Chronic cough
- Bronchitis
- Shortness of breath

5. CARDIOVASCULAR

- Chest pain/angina
- Heart murmur
- Leg swelling

6. GASTROINTESTINAL

- Acid Reflux
- Heartburn
- Blood in stools
- Diarrhea/constipation

7. ENDOCRINE SYSTEM

- Frequent Urination
- Sweats
- Heat or cold intolerance

8. BREAST/GENITAL

- Menopause
- Masses
- Discharge

9. URINARY SYSTEM

- Pain with urination
- Incontinence
- Trouble urinating
- Blood in urine

10. SKIN

- Rashes

11. NEUROLOGIC

- Numbness
- Nerve pain
- Weakness

12. PSYCHIATRIC

- Depression
- Anxiety

13. MUSCULOSKELETAL

- Chronic joint pain
- Chronic swelling
- Other orthopedic injury:

None of the above symptoms

****Are there any changes to your health history since your last visit at ISMI? (list below)**

Yes No