

DAGAN MD NYC

PATIENT MEDICAL HISTORY

Name _____ Date _____

****Specific reason for visit /consultation:** _____

Age _____ Date Of Birth _____ Height _____ Weight _____

Allergies (List ANY reactions you have had to medications and describe the symptoms)

Medications (List ALL prescription, over-the-counter & herbal medications you have taken recently with dosages)

Past Medical History (List ANY medical conditions for which you have been treated)

Past Surgical History (List ALL previous surgery; include complications or abnormal reaction to anesthetics)

Social History

Occupation _____

Exercise Habits _____

Cigarette Smoking Yes No _____ (pack(s) per day)

Alcohol None Social Heavy

Coffee Yes No _____ Cups per day

Drug Use None Social Heavy

Are you currently pregnant? Yes No If yes, how many months? _____

Family History (Check any of the following that effect first degree relatives)

Anesthetic Problems High Blood Pressure Heart Disease Breast Cancer Diabetes

Bleeding Disorders Mental Illness Hereditary Disease Other _____

Check any illnesses or conditions you have or had in the past:

Diabetes Glaucoma Heart trouble High blood pressure Syphilis
 Cancer Asthma Jaundice Gonorrhea Tuberculosis
 Mumps Pneumonia Allergies Kidney disease HIV
 Rheumatic fever Nervous disorder Measles Chicken Pox Meningitis
 Multiple sclerosis Mononucleosis High fevers Antibiotic use
 Hepatitis Polio Vein trouble Bleeding tendencies **Other:** _____

Are you currently receiving care from a:

Chiropractor Acupuncturist Medical Dentist Physical Therapist Massage

Therapist Nutritionist Other

Comments: _____

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CHECK ALL THAT APPLY: PERSONAL MEDICAL HISTORY

GENERAL

- fatigue
- sleep problems
- swollen glands
- hot or cold intolerance
- frequent headaches
- weight loss / gain
- fever or chills
- allergies
- nervousness
- depressed
- irritable

NERVOUS SYSTEM

- dizziness
- blurred vision
- fainting
- paralysis
- tremors
- numbness/tingling
- convulsions
- imbalance

NECK

- pain in neck
- neck pain w/movement
- pinched nerve in neck
- neck feels out of place
- stiff neck
- muscle spasms in neck
- popping sounds in neck
- arthritis in neck

HEAD

(headache: note which area)

- entire head
- back of head
- forehead
- temples
- migraine
- head feels heavy
- loss of memory
- light-headedness
- fainting
- light bothers eyes
- loss of smell
- loss of taste
- loss of balance
- dizziness
- loss of hearing
- pain in ears

- buzzing in ears

ENT

- earache
- ear discharge
- ringing in ears
- hearing loss
- nosebleeds
- hoarseness
- problems swallowing
- sore throat
- jaw tight or sore
- dental problems
- glasses/contacts

SKIN

- easy bruising
- dry skin
- itching
- boils
- rashes
- excessive sweat
- hair changes

HEART/LUNG

- chest pain
- high blood pressure
- low blood pressure
- persistent cough
- hard to breathe
- coughing blood
- coughing phlegm
- irregular heartbeat
- varicose veins
- ankle swelling

GASTROINTESTINAL

- change in appetite
- thirst
- nausea
- vomiting
- diarrhea
- constipation
- gas
- hemorrhoids
- gall bladder
- belching
- heartburn
- abdominal pain
- bloody/black stools
- indigestion
- liver trouble

