

**MEDICAL HISTORY FORM DATE: \_\_\_\_\_**

**PAST ILLNESSES OF YOURSELF AND FAMILY:**

	YOU	FAMILY		YOU	FAMILY
ALCOHOLISM			MENTAL ILLNESS		
ANEMIA			OSTEOPOROSIS		
ASTHMA			PHLEBITIS		
CANCER/TUMOR			RHEUMATIC ARTHRITIS		
DIABETES			STROKE		
DRUG ABUSE			SUICIDE ATTEMPT		
DEPRESSION			THYROID DISEASE		
EPILEPSY/SEIZURES			TUBERCULOSIS,TB		
GAUCOMA			ULCER IN GI TRACT		
HEART DISEASE			VENEREAL DISEASE		
HIGH BLOOD PRESSURE			HIGH CHOLESTEROL		
KIDNEY DISEASE			HIV/IMMUNE DX		
LIVER DISEASE			OTHER:		
HEPATITIS					
LUNG DISEASE					

**PAST SURGICAL HISTORY: (PLEASE INCLUDE DATES)**

**\*REVIEW OF SYSTEMS-PLEASE CHECK ALL THAT APPLY:**

	YES		YES		YES
<b>GENERAL</b>		<b>RESPIRATORY</b>		<b>HEMATOLOGY/LYMPHY</b>	
WEIGHT LOSS		COUGH		EASY BRUISING	
FATIGUE		COUGHING BLOOD		GUMS BLEED EASILY	
FEVER		WHEEZING		ENLARGED GLANDS	
<b>EYES</b>		CHILLS		<b>SKIN</b>	
GLASSES/CONTACTS		<b>GASTROINTESTINAL</b>		RASH/SORES	
EYE PAIN		HEARTBURN/REFLUX		LESIONS	
DOUBLE VISION		NAUSEA/VOMITING		ITCHING/BURNING	
<b>EAR NOSE THROAT</b>		CONSTIPATION		<b>NEUROLOGICAL</b>	
DIFFICULTY HEARING		CHANGE IN BM'S		LOSS OF STRENGTH	
RINGING IN EARS		DIARRHEA		NUMBNESS	
VERTIGO		JAUNDICE		HEADACHES	
SINUS TROUBLE		ABDOMINAL PAIN		TREMORS	
NASAL STUFFINESS		BLACK OR BLOODY BM		MEMORY LOSS	
FREQUENT SORE THROAT		<b>GENITOURINARY</b>		<b>FEMALES ONLY</b>	
<b>CARDIOVASCULAR</b>		BURNING/FREQUENCY		DATE OF LAST MAMMOGRAM:	
MURMUR		NIGHTTIME		NORMAL: ABNORMAL:	
CHEST PAIN		BLOOD IN URINE		AGE ONSET PERIODS:	
PALPITATIONS		ERECTILE DYSFUNCTION		AGE ONSET MENOPAUSE:	
DIZZINESS		ABNORMAL DISCHARGE		PERIODS REGULAR?	
FAINTING SPELLS		BLADDER LEAKAGE		NUMBER OF PREGNANCIES:	
SHORTNESS OF BREATH		<b>PSYCHIATRIC</b>		<b>MEDICATIONS</b>	
DIFFICULTY LYING FLAT		ANXIETY/DEPRESSION			
SWELLING ANKLES		MOOD SWINGS			
<b>ENDOCRINE</b>		DIFFICULT SLEEPING			
LOSS OF HAIR		<b>MUSCULOSKELETAL</b>			
HEAT/COLD INTOLERANCE		JOINT PAIN/SWELLING			
<b>ALLERGIC/IMMUNOLOGIC</b>		STIFFNESS			
HIVES/ECZEMA		MUSCLE PAIN			
HAY FEVER		BACK PAIN			

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