Osteopathy Chicago, Ltd.

Dr. Dane J. Shepherd, D.O.

Osteopathic Physician & Surgeon

Health History

Name_____Today's Date_____

Age_____Birthdate_____Sex_____Marital status: ☐ married ☐ single ☐ divorced ☐ separated ☐ other

What is the reason for your visit?_____

SYMPTOMS - Check (√) symptoms you currently have or have had regularly in the past:

General
- ☐ Chills
- ☐ Depression
- ☐ Dizziness
  - ☐ lightheadedness
  - ☐ unsteadiness
  - ☐ spinning-vertigo
- ☐ Fainting
- ☐ Fatigue
- ☐ Fever
- ☐ Forgetfulness
- ☐ Headache
- ☐ Loss of energy
- ☐ Loss of sleep
- ☐ Motion sickness
- ☐ Nervousness
- ☐ Numbness
- ☐ Sweating
- ☐ Weight loss

Eyes
- ☐ Blurred vision
- ☐ Crossed/lazy eye(s)
- ☐ Double vision
- ☐ Farsightedness
- ☐ Loss of vision
- ☐ Nearsightedness
- ☐ Visual flashes
- ☐ Visual halos
- ☐ Wear glasses/lenses

Ear, Nose, Throat
- ☐ Bleeding gums
- ☐ Earache
- ☐ Ear discharge
- ☐ Ear fullness
- ☐ Ear infections
- ☐ Hay fever
- ☐ Hoarseness
- ☐ Jaw clicking
- ☐ Jaw locking
- ☐ Loss of hearing
- ☐ Noises in ears
  - ☐ left ☐ right
  - ☐ high pitched
  - ☐ low roar
  - ☐ pulsating
- ☐ Nosebleeds
- ☐ Post-nasal drip
- ☐ Sinus problems
- ☐ Sore throat
- ☐ Swallowing difficulty

Cardiovascular
- ☐ Chest pain
- ☐ Chest pressure
- ☐ High blood pressure
- ☐ Irregular heart beat
- ☐ Low blood pressure
- ☐ Poor circulation
- ☐ Rapid heart beat
- ☐ Swelling of ankles
- ☐ Varicose veins

Respiratory
- ☐ Coughing up blood
- ☐ Shortness of breath
- ☐ Persistent cough
  - ☐ with sputum
    - ☐ green
    - ☐ yellow
    - ☐ white
    - ☐ clear
    - ☐ bloody
- ☐ Nightsweats
- ☐ Wheezing

Gastrointestinal
- ☐ Abdominal pain
- ☐ Anal itching
- ☐ Bloating
- ☐ Constipation
- ☐ Diarrhea
- ☐ Black stools
- ☐ Blood in stools
- ☐ Hemorrhoids
- ☐ Mucous in stools
- ☐ Nausea
- ☐ Vomiting

Skin
- ☐ Bruise easily
- ☐ Hives
- ☐ Itching
- ☐ Change in moles
- ☐ Rash
- ☐ Scars
- ☐ Sore that won't heal

Muscle/Joint/Bone

Pain in:
- ☐ Neck ☐ Shoulder
- ☐ Arms ☐ Hands
- ☐ Back ☐ Hips
- ☐ Legs ☐ Feet
- ☐ Jaw joints
- ☐ Joint swelling
- ☐ Limb numbness
- ☐ Limb weakness

Genitourinary
- ☐ Frequent urination
- ☐ Bladder control
- ☐ Painful urination
- ☐ Painful intercourse
- ☐ Pelvic pain
- ☐ Sexual dysfunction
- ☐ Urinary hesitancy

Women only

Age menses began___

Date of last menstrual period_____

Periods are :
☐ Regular ☐ Irregular
☐ Painful
☐ Heavy ☐ Scant

Duration:
Days in between____
Days of flow_____

Pregnancies

Total Number _____

Term pregnancy_____
Premature_____
Abortions_____
Living children_____

CONDITIONS Check (√) conditions you have or have had in the past:
- ☐ AIDS
- ☐ Alcoholism
- ☐ Anemia
- ☐ Anorexia
- ☐ Appendicitis
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding disorders
- ☐ Blood in urine
- ☐ Breast lump
- ☐ Bronchitis
- ☐ Cancer
- ☐ Bulimia
- ☐ Cataracts
- ☐ Chemical dependent
- ☐ Coma
- ☐ Diabetes
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Glaucoma
- ☐ Gonorrhea
- ☐ Gout
- ☐ Heart disease
- ☐ Hepatitis
- ☐ Hernia
- ☐ Herpes
- ☐ Hiatal hernia
- ☐ High cholesterol
- ☐ HIV positive
- ☐ Joint replacement
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Measles
- ☐ Migraine headaches
- ☐ Miscarriage
- ☐ Mononucleosis
- ☐ Multiple sclerosis
- ☐ Mumps
- ☐ Pacemaker
- ☐ Pneumonia
- ☐ Polio
- ☐ Prostate problem
- ☐ Post-partum Blues
- ☐ Psychiatric care
- ☐ Rheumatic fever
- ☐ Rheumatoid arthritis
- ☐ Scarlet fever
- ☐ Stroke
- ☐ Suicide attempt
- ☐ Thyroid problems
- ☐ Tonsillitis
- ☐ Tuberculosis
- ☐ Typhoid fever
- ☐ Ulcers
- ☐ Unconsciousness
- ☐ Vaginal infections
- ☐ Venereal disease