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**PAST MEDICAL HISTORY:** Please circle any conditions that you have, or add any additional conditions.

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|---------------------------------------|--------------------------------|--------------------------------|------------------------------|
| ADHD/ADD                              | Anemia                         | Anxiety Disorder               | Arthritis                    |
| Atrial Fibrillation                   | Bipolar Disorder               | Brain Contusion                | Brain Tumor                  |
| Broken Nose                           | COPD                           | Cancer                         | Chronic Fatigue              |
| Chronic Pain                          | Congestive Heart Failure (CHF) | Coronary Artery Disease (CAD)  | Depression                   |
| Deviated Septum                       | Diabetes                       | Dialysis                       | Emphysema                    |
| Environmental Allergies               | Erectile Dysfunction (ED)      | Fibromyalgia                   | Gout                         |
| Head Trauma                           | Heart Attack                   | Heart Disease                  | Heart Murmurs                |
| High Cholesterol                      | Hypertension                   | Hyperthyroidism                | Insomnia                     |
| Iron Deficiency                       | Irregular Heart Beat           | Irritable Bowel Syndrome (IBS) | Kidney Disease               |
| Kidney Stones                         | Liver Disease                  | Low Testosterone (Low T)       | Migraines                    |
| Mononucleosis                         | Multiple Sclerosis (MS)        | Obesity                        | Osteoporosis                 |
| Panic Attack                          | Parasomnia                     | Parkinson's Disease            | Peripheral Neuropathy        |
| Post-Traumatic Stress Disorder (PTSD) | Pulmonary Embolism (PE)        | Reflux/GERD                    | Restless Legs Syndrome (RLS) |
| Schizophrenia                         | Seizures                       | Sinus Problems                 | Sleep Apnea                  |
| Sleep Related Teeth Grinding          | Stroke                         | Thyroid Disease                |                              |

List any other problems not noted above:

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**MEDICATIONS: (If bringing list please note SEE LIST)**

Drug	Dosage	How Often Taken	Reason

**Drug Allergies/ Adverse Reactions:** List medication and reaction to it. (EX: Tegretol-rash; or "no known allergies")

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