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CLINICAL HISTORY FORM-Part 1

First Name:_____ Middle:_____
Last:_____
SSN:_____ - _____ - _____ Date of Birth:_____/_____/_____ Gender: ☐MALE ☐FEMALE
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: ( ) _____ - _____ Day Phone: ( ) _____ - _____ Referred by: _____
In case of emergency please list a contact person: First Name: _____ Phone Number: ( ) _____ - _____
Address:
_____
Preferred Pharmacy: _____ City:_____ X Street_____
Email address:_____

CHIEF COMPLAINT

Reason(s) for Visit:
1. _____
2. _____
Location(s): _____ **Historian**: _____

Onset: ☐_____days ☐_____weeks ☐_____months ☐_____years
Duration: ☐15 mins. ☐30 mins. ☐1hr. ☐2hrs. ☐Variable_____
Frequency: ☐ Intermittent ☐Occasional ☐ Constant ☐Random
Status: ☐ improving ☐unchanged ☐worsening ☐resolved
Severe of Symptoms: ☐mild ☐moderate ☐severe ☐incapacitating

Comments:
_____

ALLERGIES (Select any allergies & document reactions)

☐ No Allergies

☐ Accupril (quinapril)	☐ Codeine	☐ Heparin	☐ Morphine	☐ Sulfa
☐ Acetaminophen	☐ Contrast Media (loversol)	☐ Ibuprofen	☐ Motrin (ibuprofen)	☐ Tagamet (cimetidine)
☐ Advil (Ibuprofen)	☐ Coumadin	☐ Inderal (propranolol)	☐ Naprosyn (naproxen)	☐ Tegretol (carbamazepine)
☐ Ampicillin	☐ Darvon	☐ Indocin (indomethacin)	☐ Niacin	☐ Tetanus toxiod
☐ Aspirin	☐ Demerol	☐ Insulin (animal)	☐ Oxycodone	☐ Tetracycline
☐ Augmentin (amoxicillin)	☐ Depakote	☐ Iodine or shellfish	☐ Peanut	☐ Valium (diazepam)
☐ Bactrim (sulfamethoxazole)	☐ Diamox	☐ Keflex (cephalexin)	☐ Penicillin	☐ Vancomycin
☐ Biaxin	☐ Dicloxacillin	☐ Lasix (furosemide)	☐ Percocet (oxycodone)	☐ Zithromax
☐ Ceclor (cefaclor)	☐ Doxycycline	☐ Latex	☐ Plavix	
☐ Celebrex	☐ Egg	☐ Lidocaine	☐ Phenytoin	**Other:**
☐ Cephalosporins	☐ Erythromycin	☐ Lipitor	☐ Quinolones	_____
☐ Cipro (ciprofloxacin)	☐ Flagyl	☐ Micronase (glyburide)	☐ Ranitidine	**Reactions:**
☐ Clinoril (sulindac)	☐ Floxin	☐ Minocin (minocycline)	☐ Septra (sulfamethoxazole)	_____

MEDICATIONS (List any medications you are currently taking)

☐ No Medications

Drug Name	Dosage	Frequency	**Status:** Chronic, Acute, Discontinued