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HEALTH HISTORY

Check those conditions that you have had in the past and are no longer present.
Circle those conditions that you currently experience.
Indicate the age of onset of these conditions.

Examples: *no longer present* Chills

currently present

Chills

SYMPTOMS

General

- Chills
- Dizziness
- Easily bruise
- Fainting
- Fatigue
- Fever
- Forgetfulness
- Lightheadedness
- Loss of energy
- Loss of sleep
- Motion sickness
- Nervousness
- Night sweats
- Sweating
- Unsteadiness
- Weight loss
- Weight gain

Eye

- Blurred vision
- Crossed-lazy eye(s)
- Double vision
- Eye pain
- Farsightedness-can see far away easily
- Loss of vision
- Nearsightedness-close easily
- Visual flashes
- Visual halos
- Had laser surgery
- Wear glasses-contacts

Ear, Nose, Throat

- Allergies-hay fever
- Bleeding gums
- Decrease hearing
- Earache
- Ear discharge
- Ear fullness
- Ear infections
- Ear ringing-buzzing
- Hoarseness
- Jaw clicking
- Jaw locking
- Nosebleeds
- Post-nasal drip
- Sinus problems
- Sore throat
- Swallowing difficulty

Cardiovascular

- Chest Pain
- Chest pressure
- Heart murmur
- High blood pressure
- Irregular heart beat
- Leg pain when walk
- Low blood pressure
- Palpitations
- Phlebitis
- Poor circulation
- Shortness of breath
 - on exertion
 - lying flat
- Swollen ankles
- Varicose veins

Pulmonary

- Cough
 - with sputum
 - green white
 - yellow clear
 - bloody
- Wheezing

Gastrointestinal

- Abdominal pain
- Black stools
- Bloating
- Blood in stools
- Constipation
- Diarrhea
- Difficulty swallowing
- Heartburn
- Hemorrhoids
- Mucous in stools
- Nausea
- Vomiting

Neurology

- Cold or numb extremities
- Convulsions
- Headaches
- Memory loss
- Moodiness
- Muscle weakness
- Numbness-tingling
- Tremors
- Phobias
- Vertigo/Spinning

Dermatology

- Change in moles
- Eczema
- Hives
- Itching
- Psoriasis
- Rashes
- Scars
- Sores that won't heal
- Yellow skin or eyes

Genitourinary

- Bladder control
- Blood in urine
- Decrease force of urinary
- Painful intercourse
- Painful urination
- Pelvic pain
- Sexual dysfunction
- Urinary hesitancy

Musculoskeletal

- Joint stiffness
- Joint swelling
- Pain in:
 - neck jaw
 - shoulder arms
 - hands back
 - hips legs
 - feet _____

Female only

- Number of pregnancies _____
- Number of live births _____
- Number of miscarriages _____
- Age of onset of menses _____
- Date of last period _____
- Method of birth control _____
- Periods are:
 - regular irregular
 - painful
 - heavy scant
- Duration:
 - Days in between _____
 - Days of flow _____
- Pregnancies:
 - Total _____
 - Term _____
 - Premature _____
 - Abortions _____
 - Living _____