**COMPREHENSIVE SPINE CARE, P.A.**

**MEDICAL HISTORY**

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SEX**\_\_\_\_\_\_\_\_**AGE**\_\_\_\_\_\_\_\_

**HEIGHT**\_\_\_\_\_\_\_\_\_\_ **WEIGHT**\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SMOKER:** YES NO AMOUNT PER DAY\_\_\_\_\_\_ **ALCOHOL:** YES NO HOW OFTEN\_\_\_\_\_\_

**MEDICAL HISTORY:** YES NO **FAMILY:** YES NO

DIABETES \_\_\_ \_\_\_ \_\_\_ \_\_\_

CANCER \_\_\_ \_\_\_ \_\_\_ \_\_\_

HIGH BLOOD PRESSURE \_\_\_ \_\_\_ \_\_\_ \_\_\_

ASTHMA \_\_\_ \_\_\_ \_\_\_ \_\_\_

KIDNEY DISEASE \_\_\_ \_\_\_ \_\_\_ \_\_\_

ULCERS \_\_\_ \_\_\_ \_\_\_ \_\_\_

ARTHRITIS \_\_\_ \_\_\_ \_\_\_ \_\_\_

DEPRESSION \_\_\_ \_\_\_ \_\_\_ \_\_\_

**ALLERGIES:** YES NO **NAME OF DRUG REACTION**

ANTIBIOTICS \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SHELLFISH/IODINE \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICATIONS \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ANESTHESIA \_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATIONS PRESENTLY TAKING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PAST SURGICAL PROCEDURES AND DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COULD YOU BE PREGNANT TODAY?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE:** \_\_\_\_\_\_\_\_

**FAMILY HISTORY: ALIVE/WELL DECEASED**

(NUMBER OF EACH) (NATURE OF DEATH)

PARENTS \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

SIBLINGS \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

CHILDREN \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_