Promise Medical
Family Practice

ALLERGIES:

Patient Health History and Current Medication List

****Do **you** have any of the following (circle all that apply)****

General: obesity, chronic fatigue, sleep apnea, chronic pain, history of cancer _______________

Head: hearing problems, cataracts, glaucoma, Meniere's disease, degenerative eye or ear problems

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Skin: eczema, psoriasis, skin cancer, other chronic skin conditions _________________________________

Neuro: seizures, epilepsy, tremors, passing out, Parkinson's, narcolepsy, chronic migraines or other headaches, numbness, tingling, neuropathy, stroke, TIA, paralysis, other nerve problems, traumatic brain injury__________________________

Cardiac: pacemaker, stents, implantable devices, heart attack, heart disease or heart failure, bypass or other heart procedures/ problems, high blood pressure, high cholesterol __________________________

Respiratory: asthma, COPD, emphysema, other respiratory problems_________________________

Gastrointestinal: chronic diarrhea or constipation, Hepatitis, acid reflux, other stomach, digestive, or liver problems __________________________________

Genitourinary: chronic UTI's, menstrual problems, prostate problems, kidney stones, kidney disease or failure ____________________________________

Musculoskeletal: chronic pain, back pain, neck pain, amputations, joint replacements, _______________

Endocrine: thyroid problems, diabetes or problems with blood sugar, _________________________________

Psychiatric: anxiety, depression, bipolar, schizophrenia, substance abuse, PTSD, other psychiatric difficulties

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Other: blood clots or bleeding problems, sleep disorders, chronic infections or ***any other long term diseases***, autoimmune disorders

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Current Medication List