

Dr. Palasani's Patient Medical History

Patient Name _____ Date _____ Time _____ Age _____
Staff assistant _____ Self referred _____ Yes _____ No _____
Referring Physician or agency _____
Reason for referral _____
Date symptom began _____ Chief complaint _____

A) Past medical history (please indicate **only** what was diagnosed by a doctor):

- | | |
|-------------------------------|---------------------------------------|
| 1. Diabetes _____ | 14. Heart attack _____ |
| 2. High blood pressure _____ | 15. Heart failure _____ |
| 3. Thyroid disease _____ | 16. Arrhythmia _____ |
| 4. Seizure _____ | 17. Cancer _____ |
| 5. Stroke _____ | 18. Stomach ulcer _____ |
| 6. Kidney disease _____ | 19. Reflux _____ |
| 7. Arthritis _____ | 20. Blood clots _____ |
| 8. Gout _____ | 21. Intestinal bleeding _____ |
| 9. Lupus _____ | 22. Lung disease _____ |
| 10. Rheumatic fever _____ | 23. Infections (include sexual) _____ |
| 11. Depression _____ | 24. Fractures _____ |
| 12. Pain attack/anxiety _____ | 25. Inflammatory bowel _____ |
| 13. Anemia _____ | 26. Psoriasis _____ |
- Other _____

B) Past surgical history (approximate dates):

- | | |
|--------------------------------|-----------------------------|
| 1. Arthroscopy _____ | 5. Joint replacement _____ |
| 2. Muscle or bone biopsy _____ | 6. Other biopsy _____ |
| 3. Colonoscopy _____ | 7. Upper endoscopy _____ |
| 4. Joint injection _____ | 8. Epidural injection _____ |
- Other procedures _____

C) Transfusions: Blood _____ Other _____

D) Drug Adverse Reaction _____

E) Imaging procedures:

- | | |
|---|-----------------|
| 1. CAT scan _____ | MRI _____ |
| 2. X-Rays _____ | |
| 3. Bone Density (for Osteoporosis) _____ | |
| 4. Cardiac stress test or catheterization _____ | |
| 5. Ultrasound _____ | Bone scan _____ |
| 6. Upper GI series or Barium swallow _____ | |