

COMPREHENSIVE HEALTH PROFILE

Date _____ email: _____
 Name _____ Address _____
 City _____ State _____ Zip _____ Phones: Home _____
 Work _____ Cell _____ D.O.B _____
 Referred By _____ Marital Status M S W D Other _____
 Occupation _____ Employer _____
 Living situation: Alone _____ With: _____
 Nearest friend or relative who can be called in case of emergency:
 Name _____ Relationship _____
 Address _____ Phone _____

1. REASON FOR TODAY'S VISIT:

Please check what is applicable and when necessary, write your answer:

2. ILLNESS/INJURIES - Have you had:

Mumps	Arthritis	Back Pain	Nerv. Breakdown	Measles
Rubella	Chicken Pox	Whooping Cough	Pneumonia	Polio
Rheumatic Fever	Mononucleosis	Tuberculosis	Asthma	STD
Freq. Colds	Broken Bones	Poisoning	Head Injury	Freq. Headaches
Glaucoma	Peptic Ulcer	Heart Problems	Hypertension	Diabetes
Hemorrhoids	Kidney Problems	Liver/Gallbladder	Thyroid problems	Skin disorders
Rheumatic Fever	Mental Illness	Anxiety	Depression	

List any other Illnesses or Injuries:

3. SURGERY/HOSPITALIZATIONS-

Have you had removed: When? Other operations or reason for hospitalizations

___ Tonsils _____

___ Appendix _____

___ Gallbladder _____

___ Uterus (hysterectomy) _____

___ one or both ovaries _____

4. IMMUNIZATIONS- Have you had any of the following inoculations:

___ Polio _____ List any others: _____

___ (DPT) _____

___ measles _____

___ mumps _____

___ smallpox _____

___ tetanus booster (last ten years) _____

5. ALLERGIES- Are you allergic to any:

___ Foods ___ Drugs or Medications ___ other substances

List: _____

