MedStop One
It's a family thing

Name: _____ Date: _____
DOB: _____ Sex: M / F Race: _____

For what reason are you here today: _____

_____

_____

Please check conditions which you have/have had:

GENERAL:
- ☐ Serious Infections (pneumonia)
- ☐ Diabetes Mellitus
- ☐ Rheumatic Fever
- ☐ HIV Infection
- ☐ Cancer: _____

CVS:
- ☐ High Blood Pressure
- ☐ Congestive Heart Failure
- ☐ Heart Murmur
- ☐ Heart Valve Disease
- ☐ Angina
- ☐ Heart Attack
- ☐ High Cholesterol
- ☐ Abnormal Heart Rhythm
- ☐ Blood Clots in Veins
- ☐ Blocked Arteries in Neck
- ☐ Blocked Arteries in Legs

HEENT:
- ☐ Glaucoma
- ☐ Allergies
- ☐ Frequent Ear Infections
- ☐ Frequent Sinus Infections

RESPIRATORY:
- ☐ Asthma
- ☐ Emphysema
- ☐ Blood Clots in Lungs
- ☐ Sleep Apnea

MUSCULOSKELETAL:
- ☐ Osteoporosis
- ☐ Rheumatoid Arthritis
- ☐ Degenerative Joint Disease
- ☐ Fibromyalgia
- ☐ Neck Pain (herniated disc)
- ☐ Back Pain (herniated disc)

LYMPHATIC/HEMATOLOGIC:
- ☐ Thyroid Goiter
- ☐ Over Active Thyroid
- ☐ Under Active Thyroid
- ☐ Transfusions
- ☐ Anemia

GI/GU:
- ☐ Stomach Ulcers
- ☐ Ulcerative Colitis
- ☐ Crohn's Disease
- ☐ Bleeding From Intestines
- ☐ Diverticulitis
- ☐ Colon Polyps
- ☐ Irritable Bowel Syndrome
- ☐ Hepatitis
- ☐ Cirrhosis of the Liver
- ☐ Liver Failure
- ☐ Pancreatitis
- ☐ Gallstones
- ☐ Kidney Stones
- ☐ Kidney Failure
- ☐ Prostate Disease
- ☐ Endometriosis
- ☐ Sex Transmitted Infections

SKIN/BREAST:
- ☐ Acne
- ☐ Eczema
- ☐ Psoriasis
- ☐ Fibrocystic Breast Disease

NEUROLOGIC/PSYCHIATRIC:
- ☐ Chronic Vertigo
- ☐ Peripheral Nerve Disease
- ☐ Migraine Headaches
- ☐ Stroke
- ☐ Multiple Sclerosis
- ☐ Depression
- ☐ Anxiety

Please indicate any surgeries you have had and *what year* you had them:
- ☐ Angioplasty
- ☐ Carotid Artery Surgery
- ☐ Other Vascular Surgery
- ☐ Coronary Bypass Surgery
- ☐ Chest/Lung Surgery
- ☐ Tonsillectomy
- ☐ Neurosurgery
- ☐ Trauma Related Surgery
- ☐ Back or Neck Surgery
- ☐ Hip Surgery
- ☐ Knee Surgery
- ☐ Carpal Tunnel Surgery
- ☐ Sinus Surgery
- ☐ Ear Surgery
- ☐ Stomach Surgery
- ☐ Inguinal Hernia
- ☐ Colonoscopy
- ☐ Gallbladder
- ☐ Appendectomy
- ☐ Prostate Surgery
- ☐ Bladder Surgery
- ☐ Tubal Ligation
- ☐ C-Section
- ☐ Hysterectomy
- ☐ Ovary Removed
- ☐ Breast Surgery
- ☐ Thyroid Surgery
- ☐ Other _____

NOTES: _____

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