Arizona Research Center

. . . Researching today . . . for a better tomorrow.

NEW PATIENT HISTORY FORM

PATIENT NAME: _____ **DATE:** _____

CARDIOVASCULAR		START DATE
HEART ATTACK	☐ YES ☐ NO	
CONGESTIVE HEART FAILURE	☐ YES ☐ NO	
HIGH CHOLESTEROL	☐ YES ☐ NO	
HEART DISEASE	☐ YES ☐ NO	
CORONARY ARTERY DISEASE	☐ YES ☐ NO	
HIGH BLOOD PRESSURE	☐ YES ☐ NO	
LOW BLOOD PRESSURE	☐ YES ☐ NO	
ARRHYTHMIAS	☐ YES ☐ NO	

IMMUNE / ALLERGY		START DATE
SEASONAL ALLERGIES	☐ YES ☐ NO	
GOUT	☐ YES ☐ NO	
HIV	☐ YES ☐ NO	
RHEUMATOID ARTHRITIS	☐ YES ☐ NO	
CANCER	☐ YES ☐ NO	
DRUG ALLERGY	☐ YES ☐ NO	

(IF YES, PLEASE LIST DRUG AND REACTION IN COMMENTS SECTION ON PAGE 2)

NEUROLOGICAL		START DATE
STROKE	☐ YES ☐ NO	
MIGRAINES / HEADACHES	☐ YES ☐ NO	
FIBROMYALGIA	☐ YES ☐ NO	
CARPAL TUNNEL SYNDROME	☐ YES ☐ NO	
INSOMNIA	☐ YES ☐ NO	
ALZHEIMER'S DISEASE / DEMENTIA	☐ YES ☐ NO	
MULTIPLE SCLEROSIS	☐ YES ☐ NO	
NEUROPATHY	☐ YES ☐ NO	

URINARY		START DATE
CHRONIC BLADDER INFECTIONS	☐ YES ☐ NO	
KIDNEY STONES	☐ YES ☐ NO	
RENAL FAILURE	☐ YES ☐ NO	

REPRODUCTIVE *(MALE)*		START DATE
PROSTATIC HYPERTROPHY	☐ YES ☐ NO	
PROSTATE CANCER	☐ YES ☐ NO	
ERECTILE DYSFUNCTION	☐ YES ☐ NO	
HYPOGONADISM	☐ YES ☐ NO	
SEXUALLY TRANSMITTED DISEASES	☐ YES ☐ NO	

DERMOTOLOGICAL		START DATE
DERMATITIS	☐ YES ☐ NO	
ACNE	☐ YES ☐ NO	
PSORIASIS	☐ YES ☐ NO	
ECZEMA	☐ YES ☐ NO	

PSYCHIATRIC		START DATE
BIPOLAR DISORDER	☐ YES ☐ NO	
SCHIZOPHRENIA	☐ YES ☐ NO	
ANXIETY	☐ YES ☐ NO	
DEPRESSION	☐ YES ☐ NO	
POST-TRAUMATIC STRESS DISORDER	☐ YES ☐ NO	
ATTENTION DEFICIT DISORDER	☐ YES ☐ NO	

ENDOCRINE		START DATE
DIABETES (TYPE I OR TYPE II)	☐ YES ☐ NO	
OBESITY	☐ YES ☐ NO	
HYPERTHYROIDISM	☐ YES ☐ NO	
HYPOTHYROIDISM	☐ YES ☐ NO	

GASTROENTEROLOGY		START DATE
ACID REFLUX	☐ YES ☐ NO	
APPENDICITIS	☐ YES ☐ NO	
HERNIA	☐ YES ☐ NO	
ULCER	☐ YES ☐ NO	

MUSCULOSKELETAL		START DATE
OSTEOARTHRITIS (HIP OR KNEE)	☐ YES ☐ NO	
OSTEOARTHRITIS (OTHER)	☐ YES ☐ NO	
OSTEOPENIA	☐ YES ☐ NO	
BONE FRACTURE	☐ YES ☐ NO	
MUSCLE CRAMPS/SPASMS	☐ YES ☐ NO	
OSTEOPOROSIS	☐ YES ☐ NO	
LOW BACK PAIN	☐ YES ☐ NO	
BUNION	☐ YES ☐ NO	

RESPIRATORY		START DATE
ASTHMA	☐ YES ☐ NO	
BRONCHITIS	☐ YES ☐ NO	
COPD	☐ YES ☐ NO	
EMPHYSEMA	☐ YES ☐ NO	
SLEEP APNEA	☐ YES ☐ NO	
VALLEY FEVER	☐ YES ☐ NO	

HEPATIC		START DATE
LIVER CIRRHOSIS	☐ YES ☐ NO	
HEPATITIS B OR C	☐ YES ☐ NO	
HEPATITIS A	☐ YES ☐ NO	

REPRODUCTIVE *(FEMALE)*		START DATE
UTERINE FIBROIDS	☐ YES ☐ NO	
ENDOMETRIOSIS	☐ YES ☐ NO	
OVARIAN CYSTS	☐ YES ☐ NO	
POST-MENOPAUSAL	☐ YES ☐ NO	
SEXUALLY TRANSMITTED DISEASES	☐ YES ☐ NO	

HEAD/EAR/EYES/NOSE/THROAT		START DATE
NEARSIGHTEDNESS	☐ YES ☐ NO	
FARSIGHTEDNESS	☐ YES ☐ NO	
CONCUSSION	☐ YES ☐ NO	
HEARING LOSS	☐ YES ☐ NO	
TINNITUS	☐ YES ☐ NO	
DEVIATED SEPTUM	☐ YES ☐ NO	
TONSILLITIS	☐ YES ☐ NO	
PERIODONTAL DISEASE	☐ YES ☐ NO	

HEMATOLOGICAL		
ANEMIA	☐ YES ☐ NO	
VITAMIN D DEFICIENCY	☐ YES ☐ NO	

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NEW PATIENT HISTORY FORM

PATIENT NAME: _____

SOCIAL HISTORY

SMOKING STATUS:

☐ NEVER SMOKED ☐ EX-SMOKER ☐ CURRENT SMOKER: PACKS PER DAY _____

ALCOHOL CONSUMPTION:

☐ NEVER OR ☐ DRINKS PER WEEK _____ OR ☐ SOCIAL (<1 PER MO)

CONTRACEPTION/CHILD-BEARING POTENTIAL

☐ VASECTOMY	☐ HYSTERECTOMY	☐ ORAL/HORMONAL CONTRACEPTION	☐ INTRA-UTERINE DEVICE (IUD)	☐ DIAPHRAGM / CERVICAL CAP
☐ TUBAL LIGATION	☐ OOPHORECTOMY	☐ CONDOMS WITH SPERMICIDE	☐ DEVICE IMPLANT	☐ ABSTINENCE
☐ SAME-SEX PARTNER	☐ INJECTION (DEPO)	☐ POST-MENOPAUSAL > 2 YEARS	☐ INSERTED DEVICE (NUVARING)	

SURGICAL HISTORY

SURGERY OR PROCEDURE	REASON	DATE OF PROCEDURE/SURGERY
EX: TONSILLECTOMY	*TONSILLITIS*	*1995*

CURRENT MEDICATIONS

NAME	DOSE	HOW OFTEN	WHEN DID YOU START MEDICATION?
EX: TYLENOL	*500mg*	*DAILY*	*2010*

COMMENTS: