Name:	Date of Birth:	Height:		Weight:	Shoe Size:	
Marital Status (circle one):	Married Single	Pharmacy:			1	
Primary Language: Race:						
Who is your family doctor?			Date Last Seen: (by your primary physician)			
Emergency Contact Name:			Emergency Contact #:			
Employment (check one): ☐ Full-Time ☐ Part Time ☐ Student ☐ Unemployed ☐ Retired						
Email Address:						
Have you had any of the following medical conditions in the past? (if yes, please check)						
	☐ Fibromyalgia		☐ Liver Problems		☐ Sciatica	
	☐ Gout		☐ Lung Problems		☐ Seizures	
	Hearing Problems	-	me's Disease		☐ Stomach Ulcers	
	☐ Heart Attacks ☐ Mitral V			•		
J	☐ Heart Disease		☐ Nerve Disorders		☐ Thyroid Problems	
	☐ Hepatitis		☐ Osteoporosis		☐ Tuberculosis	
l =	☐ High Blood Pressure		☐ Phlebitis		☐ Vascular Disease	
	☐ Keloid/Scars		☐ Psychiatric Disorders		□ NONE	
☐ Eye Disorder ☐	\square Kidney Problems \square Rheu			eumatic Fever		
Surgeries Surgery/Date/Complication	Med	ication/I	Oose	Medical Allergy/Re		
De very being a history of smalri	_	Family History			Have you experienced any	
Do you have a history of smoki ☐ No, never	noking? (check		· · · · ·		owing conditions (circle all that apply)	
☐ Yes, but I quit in/on		Moti	ner Fat	her	(спсте ан тат арргу)	
☐ Yes, I smoke cigarettes/d	Living?			□ blurry v	ision	
☐ Yes, I smoke cigars	Deceased:			□ headac		
l 163, 1 3illoke cigars	Age			🗆 dizzines	SS	
Do you drink Alcoholic				🗆 ringing	in the ears	
Beverages?	Arthritis:			□ fever		
☐ No, Never	Blood clots:			☐ dry mou	uth	
□ Very Rare	Cancer:			☐ heart pa	alpitations	
☐ Occasionally/Socially	Diabetes:			☐ breathir	ng difficulties	
☐ Daily, drinks/day	Heart Attack:			□ stomac	h pain	
,	Hypertension:			□ diarrhea	a	
Do you use Illicit Drugs?	ou use Illicit Drugs? Keloid Former:				☐ constipation	
□ No	Stroke:				☐ frequent urination	
☐ Yes	Other:			— □ muscle		
(please explain)				□ rashes/	☐ rashes/skin problems	
Please tell us about your co	omplaint today:					