Midwest Healthcare Center, SC
2 N. Country Club Rd., Ste. 3, Decatur, IL 62521
(217) 423-1500
Fax (217) 423-1504

Patient # _______________

PATIENT HEALTH HISTORY

REVIEW OF SYSTEMS

Are you presently suffering (or within the past 6 months suffered) from any of the following?

General ❑ **Normal**
- ❑ Fatigue
- ❑ Weakness
- ❑ Fever
- ❑ Loss of Sleep

Neurological ❑ **Normal**
- ❑ Headaches
- ❑ Convulsions
- ❑ Dizziness
- ❑ Nervousness
- ❑ Fainting
- ❑ Other ___________________________

Heart/Lungs ❑ **Normal**
- ❑ Chest Pain
- ❑ Difficulty Breathing
- ❑ Palpitations
- ❑ Other _________________________

Genitourinary ❑ **Normal**
- ❑ Prostate Problems
- ❑ Other _____________________

Stomach/Digestion ❑ **Normal**
- ❑ Abdominal Pain
- ❑ Constipation
- ❑ Other _________________________

Psychological ❑ **Normal**
- ❑ Anxiety
- ❑ Depression
- ❑ Memory Loss or Impairment
- ❑ Other _________________________

Date of Last:
Physical Exam ___/___/_______ OB-GYN Exam ___/___/_______ Spinal Exam ___/___/_______

Spinal X-Ray ___/___/_______ Chest X-Ray ___/___/_______ MRI, CT-Scan, Bone ___/___/_______

List any medications you are taking:

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____

OTHER CONDITIONS

Please check (❑) all that apply, even if they do not seem related to your current problem.

❑ Arthritis	❑ Fractures	❑ High/Low Blood Pressure	❑ Osteoporosis	❑ Scoliosis
❑ Cancer	❑ Gout	❑ HIV/AIDS	❑ Polio	❑ Spinal Disc Disease
❑ Depression	❑ Heartburn	❑ Kidney Disease	❑ Problems Urinating	❑ Stroke / TIA
❑ Diabetes	❑ Herniated Disc	❑ Multiple Sclerosis	❑ Prostate Trouble	❑ Tuberculosis

❑Other:____

Habits

	YES	NO
Do / did you smoke? (packs/day___)	❑	❑
Do / did you drink alcohol? (drinks/day___)	❑	❑
Do / did you drink Caffeine? (cups/day___)	❑	❑
Have you been in any accidents?	❑	❑
Are you pregnant?	❑	❑

Hobbies

	YES	NO
Do / did you play any adult sports?	❑	❑
Do / did you participate in extreme sports?	❑	❑
Do you exercise? (days/week___)	❑	❑
Have you had any surgery?	❑	❑

If you answered **YES** to any of the above questions please explain on lines below.

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____

The statements made on this form are accurate to the best of my recollection.

X_______________________________________ _______________________
Signature Date