



1414 West Fair Avenue * Suite 230
 Marquette, Michigan 49855
 Phone 906-225-3853 * Fax 906-228-4065

Name: Last _____ First _____ MI _____

Birthdate: _____ SEX: F M Age: _____ Height: _____ Weight: _____

Daytime Phone: _____ Evening Phone: _____ Family Dr: _____

HEART / CIRCULATION	YES	NO	COMMENTS
Angina (Chest Pain)			
Heart Failure (fluid in lungs)			
History of Heart Attack			
Heart Valve Disorder/Replacement			
Hypertension (High Blood Pressure)			
<i>Any other circulation problems?</i>			

RESPIRATORY	YES	NO	COMMENTS
Emphysema/COPD			
Pneumonia (within last 2 months)			
Asthma			
<i>Any other respiratory problems?</i>			

STOMACH/INTESTINAL	YES	NO	COMMENTS
Heartburn/Reflux			
Ulcers or History of Ulcers			
Colitis or Diverticulitis			
<i>Any other stomach or intestinal problems?</i>			

LIVER	YES	NO	COMMENTS
Hepatitis			
Recent Jaundice			
Cirrhosis			
<i>Any other liver problems?</i>			

KIDNEY/BLADDER	YES	NO	COMMENTS
Bladder Problems			
Kidney Disorder			
Kidney Transplant or removal			
Dialysis Patient			
<i>Any other kidney or bladder problems?</i>			

NEUROLOGIC	YES	NO	COMMENTS
Seizure/Epilepsy			
Stroke			
Multiple Sclerosis or Muscle Problems			
Head Injury			
Migraines/Headaches			
<i>Any other neurological problems?</i>			

