Integrative Family Health Associates

Patient Medical History

Name: _____ Today's Date: _____

Date of Birth: _____

Past Medical History (choose all that apply)

- ☐ Anemia
- ☐ Blood Clots
- ☐ Chronic Fatigue Syndrome
- ☐ Diabetes
- ☐ Gastritis
- ☐ Gout
- ☐ Hemorrhoids
- ☐ HIV/AIDS
- ☐ Kidney Infection
- ☐ Lung Disorders
- ☐ Nausea/Diarrhea
- ☐ Obesity
- ☐ Pneumonia
- ☐ Scleroderma
- ☐ Stomach Ulcers
- ☐ Vascular Disease
- ☐ Arthritis
- ☐ Bronchitis
- ☐ Coronary Heart Disease
- ☐ Fibromyalgia
- ☐ Gastroenteritis
- ☐ Headaches
- ☐ Hepatitis
- ☐ Kidney Disease
- ☐ Kidney Stone
- ☐ Lupus
- ☐ Neck Pain
- ☐ Pancreatitis
- ☐ Pregnancy
- ☐ Seizures
- ☐ Stroke/TIA
- ☐ Asthma
- ☐ Cancer
- ☐ Depression
- ☐ Frequent Urination/Jaundice
- ☐ Gastro Esophageal Reflux
- ☐ Heart Attack
- ☐ High Blood Pressure
- ☐ Kidney Failure
- ☐ Low Back Problems
- ☐ Migraines
- ☐ Neuropathy
- ☐ Paralysis
- ☐ Psychiatric Disorder
- ☐ Sleep Apnea
- ☐ Thyroid Disease
- ☐ Others (please specify)

_____

_____

_____

Past Surgeries

Ailment: _____ Date: _____

Ailment: _____ Date: _____

Ailment: _____ Date: _____

Ailment: _____ Date: _____

Current Medications

_____

_____

_____

Phone: (708) 482-1099
Fax: (708) 482-0335
4727 Willow Springs Road
Suite 3S
La Grange, IL 60525

Known Allergies

_____

_____

_____

Family History

☐	Anemia	Relation: _____
☐	Bleeding Problem	_____
☐	Cancer	_____
☐	Diabetes	_____
☐	Epilepsy	_____
☐	Fibromyalgia	_____
☐	Heart Disease	_____
☐	Hypertension	_____
☐	Kidney Problems	_____
☐	Migraines	_____
☐	Muscle Diseases	_____
☐	Nerve Problems	_____
☐	Osteoporosis	_____
☐	Psych Disorders	_____
☐	Stroke	_____
☐	Thyroid Problems	_____
☐	Others (please specify)	_____
		_____

Personal Information

Job/Profession: _____

Marital Status: _____ Number of children: _____

Exercise (what/how often) _____

Are you sexually active? _____ Number of partners? _____

Do you drink alcohol? _____ How often? _____

Do you drink caffeine? _____ How often? _____

Did you ever use tobacco? _____ How often? _____

Do you still use tobacco? _____ How often? _____

Recreational drugs? _____ How often? _____