**WASHINGTON UNIVERSITY SCHOOL OF MEDICINE**

 Subject Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Visit Name/Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Visit: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HRPO # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL HISTORY**

*\*Circle conditions which are part of subject’s medical history*

**HEAD:** headache seizures dizziness lightheadedness confusion concussion

 memory difficulty head/facial trauma clenching/grinding teeth hair loss

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EYES:** glasses/contacts near sighted far sighted glaucoma cataracts

 double vision blurred vision astigmatism detached retina excessive tearing blindness

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EARS:** ear infections discharge perforated eardrum tinnitus hearing loss hearing aid

excessive wax cerumen impaction

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NOSE:** nasal polyps sinus polyps seasonal allergies nasal obstruction/blockage sinusitis

altered smell allergic rhinitis snoring nosebleeds nasal discharge deviated septum

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**THROAT**: tonsillectomy sore throats tenderness/swelling in neck or behind ears

 mouth lesions/ulcers/cold sores difficulty chewing or swallowing swollen glands

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**RESPIRATORY:** Tuberculosis (TB) COPD Asthma emphysema chronic/acute bronchitis

pneumonia asbestos exposure wheezing pleurisy rib fracture orthopnea dyspnea

 pleural effusion chronic cough night sweats

 Smoking History: Never Smoked Ex-Smoker (quit at least one month ago) Current smoker

 Tobacco Use: Occasional (less than every other day) Light (1-2 cig, 1 cigar, pipe every day)

 Moderate: (3-10 cig, 2-3 cigars, pipes daily) Heavy (>11 cig, >4 cigars, pipes daily)

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CARDIOVASCULAR:** chest pain/jaw pain/pain down arms (angina) at rest/with exertion MI

congestive heart failure palpitations arrhythmias dizziness/passing out/syncope stroke

rheumatic fever murmur PVD PAD mitral/tricuspid valve regurgitation/stenosis/prolapse

 pacemaker hypertension peripheral edema aneurysm atherosclerosis

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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GASTROINTESTINAL: nausea vomiting diarrhea constipation anorexia bulimia

 weight loss weight gain ulcers dysphagia indigestion tarry stools jaundice

 blood in stools vomiting blood sour taste in mouth spastic colon polyps GERD

 irritable bowel syndrome Crohn’s disease stomach disease gastric bypass

 Alcohol Classification: Never drank ex-drinker (quit at least 1 month ago) Currently drinks

 Alcohol Use: Occasional (less than once a week) Light (1-2 beers, wine or liquor each week)

 Moderate (3 – 7 beers, wine, or liquor each week)

 Heavy (>8 beers, wine or liquor each week)

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**HEPATOBILIARY:** gallstones Hepatitis A Hepatitis B Hepatitis C jaundice

clay colored stools cirrhosis metal taste in mouth varices pancreatitis

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**UROLOGY:** nocturia frequency frequent urinary infections urgency hesitancy STD

low back pain incontinence testicular lump hernia kidney/bladder stones facial edema

prostate disease penile discharge vaginal discharge painful urination oliguria impotence

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **REPRODUCTION:** age atmenopause \_\_\_\_\_\_ age at first menstrual period \_\_\_\_\_ currently nursing

LMP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # pregnancies \_\_\_\_\_ # live births \_\_\_\_\_ # miscarriages \_\_\_\_\_\_

# premature births \_\_\_\_\_\_ hysterectomy, if yes, what age \_\_\_\_\_\_ ovaries removed also? \_\_\_\_\_\_

Hormone replacement therapy breast cancer breast tenderness breast mass

nipple discharge breast asymmetry fibrocystic disease abnormal pap smear BCP

abnormal mammogram STD dysmenorrhea current chance of pregnancy? \_\_\_\_\_\_\_\_\_

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NEUROLOGY/PSYCHIATRY:** Nervousness numbness/tingling in extremities restlessness

shingles stiff neck impaired cranial nerve functioning impaired memory TIA

 Alzheimer’s disease brain cancer brain aneurysm depression bipolar anxiety

 insomnia ADD ADHD drug addiction alcohol addiction chronic fatigue syndrome

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**BLOOD / LYMPHATIC:** anemia leukemia acute/chronic iron deficiency B12 deficiency

 blood transfusion blood clots lymph node enlargement cancer anticoagulant use

 high cholesterol sickle cell disease AIDS/HIV

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ENDOCRINE / METABOLIC:** diabetes type I/ type II renal dialysis hypoglycemia

hypo/hyperthyroidism adrenal excess/insufficiency hirsutism pituitary tumor

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MUSCULOSKELETAL:** arthritis/gout joint swelling joint injury muscle weakness

 leg cramps bone/joint pain limited range of motion osteoporosis artificial joint numbness

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SKIN:**  hivesrash eczema dermatitis puritis psoriasis change in

mole/pigmentation skin cancer cold sores/fever blisters hair loss

other (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SURGICAL HISTORY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**ALLERGIES: (INCLUDE REACTION) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANY SERIOUS ILLNESS NOT LISTED ABOVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**NOTES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**