



2121 Abbott Rd, Suite 101, Anchorage, Alaska

Medical: (907) 522-7090 Fax 522-7095

Affiliate of Christian Health Associates

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please list your top 3 concerns that need to be addressed today:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Please list other concerns that can be addressed at future visits:

- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

Current Medications (including vitamins and herbal supplements):

- 1) \_\_\_\_\_ dose \_\_\_\_\_ frequency \_\_\_\_\_
- 2) \_\_\_\_\_ dose \_\_\_\_\_ frequency \_\_\_\_\_
- 3) \_\_\_\_\_ dose \_\_\_\_\_ frequency \_\_\_\_\_
- 4) Continue on back of this page if needed

Rate your perception of your current health status (circle one): Poor, fair, good, very good.

Your health history (please list all surgeries with dates, major health problems (ex. diabetes), major traumas (ex. broken bones), and other health care providers:

Your family's health issues (ex. paternal grandmother – breast cancer at age 40):

Name \_\_\_\_\_ Date \_\_\_\_\_



PLEASE SEE OTHER SIDE



**Report any symptoms you had experienced in recent months by checking YES or NO. Please circle specific symptoms listed.**

<b>SYMPTOMS</b>	<b>Yes</b>	<b>No</b>
<b>General:</b> fever, chills, weight or appetite change, fatigue		
<b>Eye:</b> vision problems, eye irritation, eye pain		
<b>Ear, nose, throat:</b> nosebleeds, voice changes, difficulty swallowing, hearing problems, ear pain, ear ringing, nasal congestion or runny nose		
<b>Lungs:</b> chronic cough, shortness of breath, wheezing, snoring or stop breathing while sleeping		
<b>Heart:</b> chest pain or tightness, palpitations, leg swelling		
<b>Abdomen:</b> heartburn, pain, nausea, vomiting, diarrhea, constipation, blood in stool		
<b>Urination:</b> frequent urination, urinary incontinence, pain with urination, blood in urine, urinary urgency		
<b>Male Reproductive:</b> concern about sexually transmitted disease, lump or pain in testicle(s), discharge from penis, sexual dysfunction		
<b>Female Reproductive:</b> concern about sexually transmitted disease, abnormal vaginal discharge, pain with intercourse, heavy or painful periods		
<b>Musculoskeletal:</b> joint pain, joint swelling, joint stiffness, back pain, neck pain, muscle weakness		
<b>Neurological:</b> chronic headache, passing out, confusion, seizures, dizziness, numbness or tingling in hands or feet		
<b>Skin:</b> rash, worrisome moles, other skin concerns		
<b>Mental:</b> sadness, anxiety, substance dependency, feeling unsafe?		
<b>Endocrine:</b> feeling too hot or cold, excessive thirst/hunger/urination		
<b>Hematologic:</b> swollen glands, easy bruising, bleeding from gums		
<b>Other symptoms not listed above...please write in space below</b>		