Phillip A. Wong, D.O., C.S.P.O.M.M. Osteopathic Manipulative Medicine
3620 Wyoming Blvd., N.E., #128, Albuquerque, NM 87111 (505) 296-8968

Patient Medical History

Check if you have experienced, or are currently experiencing, the following conditions:

Constitutional		
☐ Unusual weight gain and/or loss	☐ Weakness	☐ Fatigue
☐ Fever		

Eyes		
☐ Pain	☐ Redness	☐ Excessive tearing
☐ Glaucoma	☐ Cataracts	☐ Double vision
☐ Vision problems	☐ Glasses or contacts	Date of Last Eye Exam: _____

Ears, Nose, Mouth, Throat		
☐ Hearing loss	☐ Tinnitus (ringing in ears)	☐ Vertigo (room spins around)
☐ Earaches	☐ Infections	☐ Discharge
☐ Frequent colds	☐ Nasal stuffiness	☐ Hay Fever
☐ Nosebleeds	☐ Sinus troubles	☐ Bleeding gums
☐ Sore tongue	☐ Frequent sore throats	☐ Hoarseness
☐ Lumps in neck	☐ Swollen glands	Date of Last Dental Exam: _____
☐ Goiter (enlarged thyroid)	☐ Other (Please specify): _____	

Cardiovascular		
☐ Heart trouble	☐ High blood pressure	☐ Rheumatic fever
☐ Heart murmurs	☐ Dyspnea (difficulty breathing)	☐ Edema (swelling)
☐ Chest pain	☐ Palpitations	☐ Hay Fever
☐ Orthopnea (having to sleep on more than one pillow to breathe)		
☐ Paroxysmal dyspnea (sudden difficulty in breathing)	☐ Other (Please specify): _____	

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Check if you have experienced, or are currently experiencing, the following conditions:

Respiratory		
☐ Persistent Cough	☐ Colored Sputum	☐ Hemoptysis (bloody sputum)
☐ Wheezing	☐ Asthma	☐ Bronchitis
☐ Emphysema	☐ Pneumonia	☐ Tuberculosis
☐ Pleurisy	☐ Date of last chest x-ray: _____	

Gastrointestinal		
☐ Trouble swallowing	☐ Heartburn	☐ Changes of appetite
☐ Nausea	☐ Vomiting	☐ Vomiting of blood
☐ Indigestion	☐ Frequent bowel movements	☐ Changes in bowel habits
☐ Rectal bleeding	☐ Black tarry stools	☐ Constipation
☐ Diarrhea	☐ Abdominal pain	☐ Food intolerance
☐ Excessive belching	☐ Excessing passing of gas	☐ Hemorrhoids
☐ Jaundice	☐ Liver issues	☐ Gall bladder issues
☐ Hepatitis		

Genitourinary		
☐ Polyuria (urinating frequently)	☐ Nocturia (getting up frequently to urinate at night)	
☐ Dysuria (painful urination)	☐ Hematuria (blood in urine)	☐ Urgency to urinate
☐ Hesitancy to urinate	☐ Incontinence	☐ Urinary infections
☐ Stones		

Integumentary		
☐ Rashes	☐ Lumps	☐ Itching
☐ Dryness	☐ Color change in skin	☐ Changes in hair or nails

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Check if you have experienced, or are currently experiencing, the following conditions:

Neurological		
☐ Fainting	☐ Blackouts	☐ Seizures
☐ Paralysis	☐ Local weakness	☐ Numbness
☐ Tingling	☐ Tremors	☐ Memory problems

Psychiatric		
☐ Nervousness	☐ Tension	☐ Moodiness
☐ Depression		

Endocrine		
☐ Thyroid issues	☐ Heat or cold intolerance	☐ Excessive sweating
☐ Diabetes	☐ Excessive thirst	☐ Excessive hunger
☐ Excessive urination		

Hematologic/Lymphatic		
☐ Anemia	☐ Bruises easily	☐ Bleeds easily
☐ Past transfusions (adverse reactions)	☐ Cervical lymphadenopathy (swelling in the neck)	
☐ Supraclavicular lymphadenopathy (swelling around collar bone)		
☐ Axillary lymphadenopathy (swelling under armpits)	☐ Inguinal lymphadenopathy (swelling in groin)	

Allergic/Immunologic		
☐ Seasonal allergies	☐ Immune deficiency diseases	

Musculoskeletal		
☐ Joint pains	☐ Joint stiffness	☐ Arthritis
☐ Gout	☐ Muscle pains	☐ Muscle cramps
☐ Neck aches	☐ Arm aches	☐ Back aches
☐ Leg aches		

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Additional Space For Further Explanations:

Signature of Patient/Responsible Party

Date:

Name of Patient/Responsible Party (please print)

Relationship to Patient