

General Medical Profile

Height: _____ Weight: _____ Overall Health: _____

Recently have you had: Fever? _____ Chills? _____ Night Sweats? _____

Weakness? _____ Fatigue? _____

Change of: Weight? _____ Appetite? _____ Sleep? _____ Bowels? _____

Date of last physical examination: _____

Have you ever been advised to have any surgical operation which has not been done? _____

Major dental work (including braces): _____

Have you had X-rays taken in the last five years? Give dates: _____

Do you have any sexually related problems? _____

Do you have sufficient energy for your normal activities? _____

List any known drug allergies/other allergies: _____

List any medications you are currently taking: _____

Have you ever had a blood or plasma transfusion? _____

List any surgeries including any implants: _____

Describe your typical diet: _____

List any recent travel: _____

Do you have any pets? _____

Is there anything in your home or work environment that you feel is causing you harm? _____

Do you like your job? _____

If you exercise, list type and frequency: _____

What do you do to relieve stress? _____

List any hobbies: _____

What are your present goals? _____

