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## Health History

**Lab Work needed for New patients (must be within last 3 months):**

Healthy on NO medications - CMP & TSH  
Healthy on medication(s) - CMP, TSH, Urinalysis  
On Cholesterol - CMP, TSH, Urinalysis & Lipid Panel  
Diabetic Clients - CMP, TSH, Urinalysis, & HgA1C  
Gastric Bypass/Lap Banding - CBCw/DIFF platelets, CMP, TSH, Urinalysis & Lipid

Date:	
<b>Patient Information:</b> Name: Address: City, State: Zip Code: Home Phone: Cell Phone Email Address:	Date of Birth: Age: Height: Actual Weight: Goal Weight: BMI: Weight Range:
<b>Employer Information:</b> Company Name: Occupation: Email Address: Phone Number:	List Medications/Dose/Frequency:
List Surgeries:	List Allergies to medications:
<b>Family/Internal Medicine Physician</b> Full Name: Address: Phone Number: Fax Number: Date of Last Visit:	<b>Cardiologist</b> Full Name: Address: Phone Number: Fax Number: Date of Last Visit:
<b>Other Physicians</b> Full Name: Address: Phone Number: Fax Number: Date of Last Visit:	<b>List any pertinent family history of medical problems</b>

**Do you see a physician for any condition presently?**  Yes  No

**Check the following that apply:**

**Cardiac**

- History of irregular heartbeats
- Pacemaker or Defibrillator implanted
- Open Heart Surgery
- History of Heart Disease
- High Blood Pressure
- Diabetic (insulin/medication/diet)

- Vision Problems
- Blood Thinner \_\_\_\_\_
- Stress Test
- Chest Pain
- Bypass
- Congestive Heart Failure
- HBP controlled with medication
- Stroke
- Cardial Cath
- Swelling of Extremities
- Valve Replacement
- HBP not controlled
- Weakness
- Vision Problems
- Blood Clots
- Pulmonary Embolus
- Blood clotting abnormality (list type):  
\_\_\_\_\_

**Endocrine**

- Thyroid
  - High  Low
- Adrenal Gland Problems
- Parathyroid Problems
- Hair thinning or falling out

**Neurologic**

- Current Seizures  
Date of last seizure \_\_\_\_\_
- Epilepsy
- Brain Lesion
- Brain Tumors
- Parkinsons
- Ringing in Ears
- Difficulty Sleeping
- Lupus
- Fibromyalgia
- Depression
- Panic Attacks
- Bipolar
- Eating Disorder
- Schizophrenia
- Migraine
- Headaches

**Pulmonary**

- Asthma
  - Have you ever been hospitalized for an asthmatic attack?  Yes  No
  - Use Inhaler  
If yes, how often? \_\_\_\_\_
- Smoker
- Emphysema
- Shortness of Breath
- Tuberculosis

**GI**

- Ulcer
- GI Bleed
- Constipation
- Diarrhea
- Colitis
- Crohns Disease
- Diverticulosis
- Bloody Stool
- Tarry Stool
- Liver Disease
- Cirrhosis
- Hepatitis (all)
- Drink Alcohol
- Recovery Alcoholism

**GU**

- Urinary Tract Infections
- Kidney Stones
- Dialysis
- Renal Failure

**Ortho**

- Arthritis
- Rheumatoid
- Osteoporosis
- Gout
- Carpal Tunnel
- Multiple Sclerosis
- Rheumatism

**General**

- Sleep Apnea
- Use CPAP machine
- Tumor
- HIV/Aids
- Cancer  
Type \_\_\_\_\_
- Radiation
- Chemo

**Females**

- Missed Periods
  - Menstrual Pain
  - Excessive Bleeding
  - Hot Flashes
  - Infertility
  - Birth Control
  - Hysterectomy
  - Breast Feeding
  - Endometriosis
  - Ovarian Cyst
  - Polycystic Ovarian Syndrome
  - Mammogram
  - Breast Exam
  - Enlarged Ovaries
- Date of last period \_\_\_\_\_
- Date of last pap smear \_\_\_\_\_

**Males**

- Prostate Problems
- Androgen Dependent Tumors

**Vital Signs**

\_\_\_\_\_ Blood Pressure

\_\_\_\_\_ Heart Rate

\_\_\_\_\_ Respiration

Physician/NP Signature: \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_