

Niña Iselin N.D.

174 Concord St Peterborough NH 03458 102 Pleasant St Concord NH 03301 (603) 827 3971
MEDICAL HISTORY FORM

Name: _____ DOB: _____ Date _____

Address: _____ PH : _____ PH (C) _____

PCP: _____ Referred by: _____

In case of emergency contact _____

Please state your reason for consultation: _____

What is the duration of this problem? What other health care options have you tried for this problem?

<p>ILLNESS & MEDICAL HISTORY:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>SURGERIES (with dates):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>
<p>CURRENT MEDICATIONS & SUPPLEMENTS :</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p>	<p>FAMILY HISTORY:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>Any family members w/ heart attack or stroke at less than 55 yrs . of age? _____</p>
<p>DRUG / MEDICATION ALLERGIES:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>ENVIRONMENTAL & FOOD ALLERGIES</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>LIFESTYLE:</p> <p>cigarettes _____ pack/day</p> <p>caffeine _____ drinks/day</p> <p>alcohol _____ drinks/day</p> <p>recreational drugs _____</p> <p>exercise _____ times/week</p> <p>Type of exercise _____</p> <p>sleep _____ hr/night</p> <p>relaxation/meditation practice? _____</p> <p>spiritual practice? _____</p>

Please tell what is *great* in your life

Signature: _____ Date: _____