Ford's
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FAMILY PHARMACY & WELLNESS CENTRE

Medical History and Systems Review

Date: _____

Name: _____ Age: _____ Birth Date: _____
month day year

Street Address: _____

City: _____ Prov: _____Postal Code: _____

E-mail address: _____ Medicare # _____

Home Phone #: _____ Work Phone #: _____

Height: _____ Weight: _____ Blood Type: ____

Are you presently on any prescription drugs? Yes ____ No _____

If yes, are they filled at Ford's Apothecary? Yes ____ No _____

If your prescriptions are not presently being filled with us, would you be interested in having them transferred to Ford's Apothecary? Yes _____ No _____

If yes, please contact the pharmacy at 506-853-0830 or 888-644-3673.

Primary Presenting Health Problems	*Began*	*Treatment Attempted*	*Treatment Results*

What are your health goals here?

Current Medications	*Dose & Frequency*	*Response*

Current Vitamins / Herbs, etc.	*Dose & Frequency*	*Response*

Do you smoke **tobacco**? Yes ☐ No ☐ If yes, how much? _____

Previously How long? _____

Do you chew **tobacco**? Yes ☐ No ☐ If yes, how much? _____

Previously How long? _____

Do you drink **sodas**? Yes ☐ No ☐ If yes, how much? _____

Previously How long? _____

Do you use **alcohol** products? Yes ☐ No ☐ If yes, how much? _____

Previously How long? _____

Do you use **drugs**? Yes ☐ No ☐ If yes, how much? _____

Previously How long? _____

Do you use **caffeine** products? Yes ☐ No ☐ If yes, how much? _____

List Drug allergies:

_____

_____

List Supplement allergies:

_____

Food Allergies	Inhalant Allergies	Chemical Sensitivities
☐ Milk Products	☐ Dust	☐ Chlorine, formaldehyde
☐ Wheat, grains	☐ Grass, trees, pollen	☐ Cosmetics, perfumes
☐ Soy	☐ Mold	☐ Detergents, cleaners
☐ Newsprint, Petrochemicals	☐ Animal dander	☐ Gas, glues, paint, dye

Date of Injuries:

Date of Hospitalizations and Surgeries:

Date of Foreign Travel:

Date of Bug / Animal Bites:

Types of Traditional and Complementary (Alternative) Health Care Utilized: Past (✓) and current (x). Indicate results with ✓ or *x.*

Medical Specialties	Results	Medical Specialties	Results
Primary care		Internal medicine	
Cardiology		Neurology	
Oncology		Psychiatry / psychology	
Orthopedic / physical therapy		Rheumatology	
Endocrinology		Urology / gynecology	
Gastroenterology		**OTHER:**	

Complementary	Results	Complementary	Results
Acupuncture		Naturopathy	
Ayurveda		Nutritional / Herbs	
Chiropractic		Osteopathy	
Homeopathy		Reflexology / Reiki	
Hypnotherapy		Spiritual / Energy	
Massage / Shiatsu		**OTHER:**	

Are you receiving disability payments?		Are you in litigation over any health problem?	
Is this a Workers Compensation case?		Are you here on behalf of a third party?	

Adult Exams / Tests	Date	Results	Adult Exams / Tests	Date	Results
Complete physical			**Males**: Prostate Exam		
EKG (cardiogram)			PSA Test		
Hemoccult (Stool blood)			Bone Loss Screen		
Cardio stress test			**Females**: Pap smear		
Colon exam			Breast exam		
MRI			Mammogram		
X-rays			Last menses		
Dental			Bone loss screen		
OTHER:					

✓	Activity Level
	Sedentary: Inactive by choice
	Sedentary: Inactive due to inability
	Light: Light daily work, no regular exercise
	Moderate 1: Sedentary work + exercise 3 x week
	Moderate 2: Light daily work + exercise 3 x week
	Sustained: Moderate daily work + exercise 5 x week
	High: Heavy work + heavy exercise 5 x week
	Heavy: Elite athlete. Heavy workouts 20 hrs / week

Rate 0-3	Stressors Affecting Your Life 0 = not present 1 = mild 2 = moderate 3 = severe
	Difficulties with work or lifestyle
	Recent change in marital status
	Death or serious illness among family/friends
	Dysfunctional family ☐ past ☐ present
	Personal illness and coping with illness
	Lack of love or fulfilling relationships
	Feeling lonely, disconnected from others
	Lack of prayer / spirituality / inner peace

Medical History

Health History: You and your family: ✓any of the following that apply to you and your family – past or present.

Condition	You	Family members Please list	Condition	You	Family members Please list
Addictions / alcohol			HIV / AIDS		
Addictions / other			Hormonal problems		
Arthritis			Hyperactivity / ADHD (1)		
Anxiety / depression			Learning disability / PDD (2)		
Asthma / bronchitis			Muscle problems		
Autoimmune disease			Neurological problems		
Bladder / kidney			Psychological problems		
Bone loss (osteoporosis)			Rheumatic fever		
Cancer			Sex transmitted disease		
Diabetes			Seizure disorders		
Digestive / intestinal problems			Sinus / respiratory		
Ear / eye problems			Skin problems/eczema/acne		
Eating disorders			Stroke		
Genetic condition			Swallowing disorder		
Gout			Thyroid disease		
Headaches			TMJ (3)		
Heart disease			Viral disorder		
High blood pressure			Weight loss or gain		

(1) ADHD - attention deficit disorder hyperactivity
(2) TDD - developmental disorder (PDD - Pervasive Developmental Disorders)
(3) ATM - TMJ

Review of Systems

For “past”: ✓ if it applies For “now” Rate 0 – 3 0 = not present 1 = mild 2 = moderate 3 = severe

Symptoms	Past	Now	Comments
General Immune			
Frequent fatigue			
Weight ☐gain ☐loss >10#			
Hot / heat intolerant			
Cold / cold intolerant			
Perspire easily			
Lack of perspiration			
Frequent infections			
Immune / auto-immunity			
History of “mono” or “EBV”			
Swollen glands			
Symptoms	**Past**	**Now**	**Comments**
Endocrine			
Low body temperatures			
Cold extremities			
Thyroid disorder			
Dizzy upon standing			
Low blood pressure			
Symptoms	**Past**	**Now**	**Comments**
Skin / nails			
Acne, eczema, dermatitis			
Brown spots			
Hives / rashes			
Itching, burning, dry			
Oily			
Pale			
White: loss of pigment			
Yellow tone			
Nails: brittle, peeling			
Ridges, white lines			

Symptoms	Past	Now	Comments
Head & neck			
Headaches			
Migraines			
Head injury			
Face / jaw pain			
Neck pain, stiff neck			
Hair: brittle, dry			
Loss of colour			
Hair loss			
Symptoms	**Past**	**Now**	**Comments**
Eyes			
Wear glasses			
Blurred vision			
Blood shot			
Burning / dry / itching			
Cataracts			
Floaters (see spots)			
Glaucoma / retina problems			
Lids crusty			
Light sensitive			
Night blindness			
Symptoms	**Past**	**Now**	**Comments**
Muscles & joints			
Arthritis / joint pain			
Back pain/disc problems			
Bursitis / tendonitis			
Muscle aches / pains			
Muscle cramps / spasms			
Muscle weakness			

Symptoms	Past	Now	Comments
Neurological			
Clumsy			
Convulsions / seizures			
Fainting spells			
Neuralgia / tingling			
Numbness			
Raynaud's			
Spastic motion / tremors			
Symptoms	**Past**	**Now**	**Comments**
Urinary			
Bladder infections–frequent			
Blood in urine			
Frequent urination			
Incontinence			
Kidney stones			
Pain, burning			
Symptoms	**Past**	**Now**	**Comments**
Behaviour / psychology			
Addictions (list)			
Anxiety			
Attention deficit (ADD)			
Bizarre behaviour			
Depression			
Developmental delays			
Eating disorder (list)			
Fearful / worrier			
Hyperactivity / manic			
Insomnia			
Lack of dream recall			
Learning problems			
Memory problems			
Mood swings			
Narcolepsy / oversleeping			

Symptoms	Past	Now	Comments
Behaviour / psychology cont'd			
Obsessive / compulsive			
Phobias			
Schizophrenia			
suicidal			
Symptoms	**Past**	**Now**	**Comments**
Cardiovascular			
High blood pressure			
Chest pain			
Dizzy spells			
Leg pain with walking			
Palpitations / tachycardia			
Stroke			
Varicosities			
Symptoms	**Past**	**Now**	**Comments**
Ears			
Ear infections			
Hearing loss			
Itching			
Hard ear wax			
Ringing / tinnitus			
Symptoms	**Past**	**Now**	**Comments**
Nasal			
Bleeds			
Burning / dryness / crusts			
Sinusitis			
Sense of smell loss			

Symptoms	Past	Now	Comments
Mouth / throat			
Bleeding gums			
Bone loss (periodontitis)			
Bruxism (grinding)			
Face / jaw pain / TMJ			
Fillings: silver / mercury			
Lip cracks			
Mouth ulcers			
Swallowing problems			
Taste loss			
Tongue coated			
Tongue fissured			
Voice hoarse			
Symptoms	**Past**	**Now**	**Comments**
Digestive			
Belching, bloating, gas			
Colitis / irritable bowel			
Constipation			
Diarrhea			
Gastritis, pain, ulcer			
Heartburn, reflux			
Hemorrhoids/rectal bleed			
Liver/gall bladder problem			
Nausea / vomiting			
Stool: ☐ dark green ☐ black ☐ blood ☐ mucous ☐ yellow			

Symptoms	Past	Now	Comments
Respiratory			
Asthma			
Bronchitis			
Cancer – lungs			
Chemically induced problems			
Chest pain			
Colds & flu (frequent)			
Cough – chronic			
Emphysema			
Exercise induced problems			
Shortness of breath			
Symptoms	**Past**	**Now**	**Comments**
Male			
Discharge			
Impotence			
Pain – testicular			
Prostate problems			
Weak urine stream			
STD’s			

Symptoms	Past	Now	Comments
Female			
Breasts: cancer			
Fibrocystic			
Sore			
Endometriosis			
Fibroids / cysts			
Hormone replacement			
Hot flashes			
Cramps			
Heavy flow			
irregular			
Infertility			
Peri-menopausal			
Menopausal: natural			
surgical			
Night sweats			
Ovarian / uterine cancer			
Painful intercourse			
Pap smears – abnormal			
Pre-menstrual tension			
Pregnancies: incomplete			
Pregnancies: full term			
Sexually transmitted disease			
Vaginal: dryness			
Infection			
Inflammation			
Yeast			
Symptoms	**Past**	**Now**	**Comments**
Osteoporosis			

Symptoms	Past	Now	Comments
Glucose control			
Afternoon drowsiness			
Cravings: butter / fats			
Foods (list)			
Ice			
Fatigue after eating			
Hunger headaches			
Hunger irritability			
Skin crawling sensations			
Symptoms from foods			
Symptoms	**Past**	**Now**	**Comments**
Other			
Best time of the day			
Worst time of the day			
Best season for you			
Worst season for you			