

NEW PATIENT HEALTH HISTORY  
Form and Function Osteopathic Medicine  
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Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Clinic Name and Location: \_\_\_\_\_

Medical problem that brought you here today?

\_\_\_\_\_

\_\_\_\_\_

Other associated type of symptoms you are having?

\_\_\_\_\_

\_\_\_\_\_

MEDICAL History and other medical Problems:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgical History:

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

Medications- name only:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Smoking? \_\_\_\_\_ If so, how much per day? \_\_\_\_\_

How much Exercise per week and what kind? \_\_\_\_\_

Other Hobbies and activities: \_\_\_\_\_

MEDICAL HISTORY in your family :

Mother \_\_\_\_\_

Father \_\_\_\_\_

Siblings \_\_\_\_\_

Other \_\_\_\_\_

REVIEW OF SYMPTOMS: Check off any of the following symptoms you have/had *RECENTLY* experienced within the last few WEEKS:

GENERAL:

- weight gain/loss
- tired/weak
- dizzy/fainting
- fever/chills

ENT:

- headaches
- hearing loss
- noise in ears
- blurry vision
- eye pain
- stuffy nose
- nosebleeds
- earaches
- runny nose
- bleeding gums
- sore throats

RESPIRATORY:

- cough
- cough with phlegm
- cough with blood
- wheezing
- short of breath

HEART:

- high blood pressure
- heart races or skips beats
- chest pain
- short of breath after climbing steps
- short of breath while laying in bed
- legs swell
- legs hurt or cramp when walking
- varicose veins

GI:

- trouble swallowing
- heartburn
- poor appetite
- nausea
- vomiting
- abdominal pain
- diarrhea
- constipation
- excess belching or passing gas
- change in stool

URINARY:

- burning with urination
- frequent urination
- change in urine stream
- frequent urinary infection
- lose urine if you cough or sneeze
- kidney stones

MUSCULOSKELETAL:

- pain in muscles or joints
- morning stiffness
- backache
- sciatica
- low back pain
- arthritis
- gout
- scoliosis
- muscle spasms

NEUROLOGICAL:

- blackouts
- seizures
- numbness or loss of sensation
- tingling or "pins and needles"
- tremors or other involuntary movements
- weakness in arms or legs
- trouble walking

ENDOCRINE:

- heat or cold intolerance
- excessive sweating
- excessive thirst or hunger
- excessive urination

PSYCHOLOGICAL:

- anxiety
- tension
- depression
- difficulty with memory
- confusion

DERMATOLOGICAL:

- skin changes / rash
- Bleeding
- Bruising
- non-healing wounds

*Other Pertinent Information you wish the Doctor to know:*

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