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SOCIAL HISTORY Caffeine Past Present Never Amount Employment history Smoking/Tobacco Drugs	
Drugs	
Beer, wine, liquor	
Regular exercise	
FAMILY HISTORY	
Disorder Yes No Relation Disorder Yes No Relation	
Dementia Diabetes	
MS Hypertension	
Migraine Stroke	
Neuropathy Heart disease	
Parkinsons Other	
REVIEW OF SYSTEMS Check all that apply	
☐ Fever, chills, weight loss, sweats ☐ Muscle or joint aches	
Eye or vision problem Skin changes, rash	
☐ Problem with nose, throat or ear ☐ Headaches, weakness, numbness, unsteadiness	
☐ Heart problem ☐ Mood problems, depression, forgetfullness	
☐ Lung or breathing problem ☐ Bleeding, anemia, bruising	
☐ Bowel or stomach problem ☐ Allergies, swollen glands	
MEDICATION LIST	
Medication Dose Medication Dose	