Welcome to Maryland Brain, Spine + Pain **Name:_____**

Please check the appropriate circles. **DOB:_____Date:_____**

Past Medical History

Have you had or do you currently suffer from any of these illnesses or conditions?

- ◯ Alcoholism
- ◯ Anemia
- ◯ Anxiety
- ◯ Arthritis
- ◯ Asthma
- ◯ Bleeding Disorder
- ◯ Breast Lump
- ◯ Cancer
- ◯ Cataracts
- ◯ COPD
- ◯ Cigarette Addiction
- ◯ Depression
- ◯ Diabetes
- ◯ Drug Dependence
- ◯ DVT/PE
- ◯ Fibromyalgia
- ◯ GERD
- ◯ Glaucoma
- ◯ Gout
- ◯ Heart Disease
- ◯ Heart Attack
- ◯ Hepatitis
- ◯ Epilepsy
- ◯ High blood pressure
- ◯ High cholesterol
- ◯ HIV/AIDS
- ◯ Kidney Disease
- ◯ Kidney Stones
- ◯ Liver Disease
- ◯ Lung Disease
- ◯ Migraine Headaches
- ◯ Mononucleosis
- ◯ Osteopenia/Osteoporosis
- ◯ Pacemaker
- ◯ Pneumonia
- ◯ Polio
- ◯ Prostate
- ◯ Psychiatric
- ◯ Stroke
- ◯ Suicide Attempt
- ◯ Thyroid
- ◯ Tremors
- ◯ Tuberculosis
- ◯ Ulcers

Family History

*Has your **mother, father, brothers and/or sisters** suffered from any of these illnesses or conditions? Please enter the family member on the line.*

- ◯ Alcoholism_____
- ◯ Anemia_____
- ◯ Anxiety_____
- ◯ Arthritis_____
- ◯ Asthma_____
- ◯ Bleeding Disorder_____
- ◯ Breast Lump_____
- ◯ Cancer_____
- ◯ Cataracts_____
- ◯ COPD_____
- ◯ Cigarette Addiction_____
- ◯ Depression_____
- ◯ Diabetes_____
- ◯ Drug Dependence_____
- ◯ DVT/PE_____
- ◯ Epilepsy_____
- ◯ Fibromyalgia_____
- ◯ GERD_____
- ◯ Glaucoma_____
- ◯ Gout_____
- ◯ Heart Disease_____
- ◯ Heart Attack_____
- ◯ Hepatitis_____
- ◯ Epilepsy_____
- ◯ High blood pressure_____
- ◯ High cholesterol_____
- ◯ HIV/AIDS_____
- ◯ Kidney Disease_____
- ◯ Kidney Stones_____
- ◯ Liver Disease_____
- ◯ Lung Disease_____
- ◯ Migraine Headaches_____
- ◯ Mononucleosis_____
- ◯ Osteopenia/Osteoporosis__
- ◯ Pacemaker_____
- ◯ Pneumonia_____
- ◯ Polio_____
- ◯ Prostate_____
- ◯ Psychiatric_____
- ◯ Stroke_____
- ◯ Suicide Attempt_____
- ◯ Thyroid_____
- ◯ Tremors_____
- ◯ Tuberculosis_____
- ◯ Ulcers_____

TURN OVER PLEASE

PAST SURGICAL HISTORY– please list all of your past surgeries

Date Procedure

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