KETAMINE CLINIC OF MICHIGAN
JAMES C. CULVER, M.D.
5202 Miller Rd. • Flint, MI 48507
Phone: 810-265-7103 • Fax: 810-720-1417
Website: KetamineMichigan.com

Name _____ Date: _____

GENERAL HEALTH HISTORY

CURRENT MEDICATIONS

Please list all medications you are currently taking.

1. _____ 7. _____
2. _____ 8. _____
3. _____ 9. _____
4. _____ 10. _____
5. _____ 11. _____
6. _____ 12. _____

ALLERGIES

Please list all allergies to medications.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

INFECTIOUS DISEASES

Which of the following infectious diseases do you have or have you had?

- ❑ Chicken pox
- ❑ Malaria
- ❑ Polio
- ❑ Shingles
- ❑ Other (List)
- ❑ Rheumatic fever
- ❑ Hepatitis
- ❑ Aids or positive HIV test
- ❑ "Usual" childhood illnesses

PAST SURGICAL HISTORY

Please list all surgical operations you have had.

Year *Operation performed*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Past Medical Admissions

Please list all other hospitalizations/admissions for medical (non-surgical) problems.

Year *Diagnosis*

1. _____

2. _____

3. _____

4. _____

Social History

How much do you smoke? _____Packs per day for _____years.
If you are a non-smoker, did you used to smoke? ❑ Yes ❑ No _____Year quit

How much alcohol do you use? (*Amount per week*) _____
Have you ever had a problem with alcohol abuse? ❑ Yes ❑ No

Family History

Do you have a family history of any of the following illnesses?

High blood pressure ❑ Yes ❑ No
Sugar diabetes ❑ Yes ❑ No
Heart disease ❑ Yes ❑ No
Strokes ❑ Yes ❑ No
Cancer ❑ Yes ❑ No
Other (*list*)

Review of Systems

*For each category, please **check** any and all conditions which you have or have had. Fill in the blanks where appropriate.*

General: ❑ birth defects ❑ inherited diseases ❑ chronic illnesses
❑ other

Cancer: Have you had or do you have any types of cancer? ❑ No ❑ Yes
(Describe)

Skin: ❑ abnormal growths ❑ discoloration ❑ unusual bruising

❑ severe itching ❑ soaking sweats at night

❑ other

Lymph nodes: ❑ enlargement ❑ lymphoma

❑ other

Bones, Joints, Muscles: ❑ fractures ❑ dislocations ❑ arthritis
❑ other

Blood: ❑ low blood count (anemia) ❑ low white blood cell count ❑ leukemia
❑ low platelets ❑ sickle cell disease ❑ currently taking blood thinner (anticoagulant)
❑ prolonged bleeding time (blood does not clot normally)
❑ other

Endocrine: ❑ thyroid problems ❑ sugar diabetes ❑ pituitary problems
❑ adrenal gland problems
❑ other

Head: ❑ headaches ❑ migraines ❑ head injury
❑ seizures/convulsions ❑ loss of consciousness
❑ other

Eyes: ❑ blindness ❑ double vision ❑ glaucoma
❑ other

Ears: ❑ deafness ❑ ringing in ears ❑ dizziness ❑ spinning sensation
❑ other

Nose: ❑ sinusitis ❑ sinus headaches ❑ loss of sense of smell
❑ other

Mouth and throat: ❑ growths ❑ hoarseness ❑ tooth or gum disease ❑ difficulty speaking
❑ other

Neck: ❑ stiffness ❑ decreased motion of neck ❑ swollen glands
❑ other

Breasts: ❑ lumps or masses ❑ mastectomy ❑ abnormal mammogram ❑ discharge from nipple
❑ other

Respiratory: ❑ shortness of breath ❑ wheezing ❑ asthma ❑ emphysema
❑ pain with deep breathing (pleurisy) ❑ lung cancer ❑ lung tumors ❑ TB
❑ chronic cough ❑ chronic bronchitis ❑ coughing up blood ❑ pneumonia

Can you climb two flights of stairs without stopping to catch your breath? ❑ No ❑ Yes

Heart: ❑ heart attack ❑ angina (pain or pressure in chest) ❑ rheumatic fever
❑ heart valve problems ❑ heart murmur ❑ irregular rhythm ❑ heart surgery
❑ enlarged heart ❑ congestive heart failure
❑ other

Vascular: ❑ poor circulation ❑ surgery for blood vessel problems ❑ stroke
❑ mini-stroke ❑ TIA ❑ passed out ❑ high blood pressure ❑ low blood pressure
❑ other

Gastrointestinal: ❑ hiatal hernia ❑ stomach ulcers ❑ vomiting blood ❑ jaundice
❑ hepatitis ❑ liver problems ❑ diarrhea ❑ blood in stools
❑ unable to control bowels (incontinence)
❑ other

Genitourinary: ❑ kidney failure ❑ kidney stones ❑ blood in the urine
❑ interstitial cystitis ❑ pain with urination ❑ leakage of urine with coughing
❑ difficulty passing urine ❑ unable to control bladder (incontinence)
❑ other

Nervous system: ❑ numbness ❑ muscle wasting (atrophy) ❑ paralysis
❑ coordination problems ❑ tremors ❑ spasticity ❑ involuntary movements
❑ nerve damage ❑ loss of bladder control ❑ loss of bowel control
❑ inherited neurological disorders
❑ other

Mental status: ❑ stressful situation ❑ depression ❑ thoughts of suicide
❑ mood swings ❑ manic depression ❑ excessive anger ❑ nervous breakdown
❑ hallucinations ❑ schizophrenia
❑ other

Women only: ❑tumors of the uterus or ovaries ❑fibroid uterus ❑ endometriosis
❑ severe PMS ❑ abnormal vaginal bleeding
❑ other

Is there any possibility you are pregnant? ❑ No ❑ Yes ❑ Not sure

Men only: ❑ prostate enlargement ❑ prostate nodules ❑ prostatitis ❑ impotence
❑ testicular tumors
❑ other
