ENRGISE PILOT STUDY: BASELINE MEDICAL HISTORY

	Visit Date Completed ☐☐/☐☐/☐☐	Rev: ___________
	Staff ID ☐☐☐☐	DE: ___________
		Date: ___________

Following are some questions about your health; please check one answer per item. Please note that a member of our clinic staff may request further information about a condition with an asterisk (*).

Have you ever had or been told by a physician that you had any of the following?

Cardiovascular	Yes	No	Age of First Diagnosis
High Blood Pressure	1☐	2☐	☐☐
High Cholesterol	1☐	2☐	☐☐
Angina or Chest Pain	1☐	2☐	☐☐
Heart Attack or Myocardial Infarction (MI) *	1☐	2☐	☐☐
Congestive Heart Failure (CHF) (Ejection Fraction <40%)*	1☐	2☐	☐☐
Coronary Artery Disease	1☐	2☐	☐☐
Palpitations, irregular heartbeat*	1☐	2☐	☐☐
Atrial Fibrillation (afib)*	1☐	2☐	☐☐
Valve Disease	1☐	2☐	☐☐
Poor Circulation (claudication)	1☐	2☐	☐☐
Bypass Surgery*	1☐	2☐	☐☐
Heart Valve Replacement*	1☐	2☐	☐☐
Hematologic	**Yes**	**No**	**Age of First Diagnosis**
Anemia	1☐	2☐	☐☐
Blood Clots*	1☐	2☐	☐☐
Bleeding Disorder (vonWillebrands, Hemophilia, e.g.)	1☐	2☐	☐☐

Have you ever had or been told by a physician that you had any of the following?

Pulmonary/Vascular	Yes	No	Age of First Diagnosis
Pneumothorax (chest tube)	1☐	2☐	☐☐
Peripheral Vascular Disease	1☐	2☐	☐☐
Stroke*	1☐	2☐	☐☐
TIA (Transient Ischemic Attack)	1☐	2☐	☐☐
Pulmonary Disorder requiring Steroid (prednisone) *	1☐	2☐	☐☐
Gastrointestinal	**Yes**	**No**	**Age of First Diagnosis**
Acid reflux/GERD/heartburn	1☐	2☐	☐☐
Crohn's disease or Ulcerative Colitis *	1☐	2☐	☐☐
Ulcers	1☐	2☐	☐☐
Cirrhosis*	1☐	2☐	☐☐
IBS (Irritable Bowel Syndrome)	1☐	2☐	☐☐
Hiatal Hernia	1☐	2☐	☐☐
Pancreatitis	1☐	2☐	☐☐
Hepatitis	1☐	2☐	☐☐
Fatty Liver Disease	1☐	2☐	☐☐
Liver Disease*	1☐	2☐	☐☐

Have you ever had or been told by a physician that you had any of the following?

Cancer	Yes	No	Age of First Diagnosis
Lung Cancer*	1☐	2☐	☐☐
Breast Cancer*	1☐	2☐	☐☐
Prostate Cancer*	1☐	2☐	☐☐
Colon Cancer*	1☐	2☐	☐☐
Skin Cancer (not Melanoma)*	1☐	2☐	☐☐
Melanoma of the Skin*	1☐	2☐	☐☐
Uterine Cancer*	1☐	2☐	☐☐
Ovarian Cancer*	1☐	2☐	☐☐
Cervical Cancer*	1☐	2☐	☐☐
Pancreatic Cancer*	1☐	2☐	☐☐
Lymphoma*	1☐	2☐	☐☐
Brain Tumor*	1☐	2☐	☐☐
Head or Neck Cancer*	1☐	2☐	☐☐
Stomach Cancer*	1☐	2☐	☐☐
Leukemia*	1☐	2☐	☐☐
Renal/genitourinary	**Yes**	**No**	**Age of First Diagnosis**
Renal Failure*	1☐	2☐	☐☐
Dialysis*	1☐	2☐	☐☐
Renal Artery Stenosis*	1☐	2☐	☐☐

Have you ever had or been told by a physician that you had any of the following?

Muscular/skeletal	Yes	No	Age of First Diagnosis
Connective Tissue Disease (Lupus, scleroderma)*	1☐	2☐	☐☐
Osteoarthritis*	1☐	2☐	☐☐
Rheumatoid Arthritis*	1☐	2☐	☐☐
Gout	1☐	2☐	☐☐
Osteoporosis (thin bones)	1☐	2☐	☐☐
Joint (Hip or Knee) Replacement*	1☐	2☐	☐☐
Spinal Fractures (compression)*	1☐	2☐	☐☐
Spinal Surgery*	1☐	2☐	☐☐
Hip Fracture*	1☐	2☐	☐☐
Physical Therapy for gait/balance*	1☐	2☐	☐☐
Endocrine	**Yes**	**No**	**Age of First Diagnosis**
Pre-diabetes	1☐	2☐	☐☐
Type I Diabetes*	1☐	2☐	☐☐
Type II Diabetes*	1☐	2☐	☐☐
Nervous System	**Yes**	**No**	**Age of First Diagnosis**
Paralysis*	1☐	2☐	☐☐
Multiple Sclerosis*	1☐	2☐	☐☐
Neuropathy*	1☐	2☐	☐☐
Parkinson’s Disease*	1☐	2☐	☐☐
Syncope or Fainting*	1☐	2☐	☐☐
Seizure Disorder	1☐	2☐	☐☐

Have you ever had or been told by a physician that you had any of the following?

Psychiatric Conditions	Yes	No	Age of First Diagnosis
Depression*	1☐	2☐	☐☐
Bipolar Disorder*	1☐	2☐	☐☐
Schizophrenia*	1☐	2☐	☐☐
Suicidality*	1☐	2☐	☐☐
Memory Disorder*	1☐	2☐	☐☐
Dementia*	1☐	2☐	☐☐
Alzheimer's Disease	1☐	2☐	☐☐
Other	**Yes**	**No**	**Age of First Diagnosis**
Macular degeneration	1☐	2☐	☐☐
HIV/AIDS*	1☐	2☐	☐☐
Other *(Please specify)*	**Yes**	**No**	**Age of First Diagnosis**
	1☐	2☐	☐☐
	1☐	2☐	☐☐
	1☐	2☐	☐☐
	1☐	2☐	☐☐
	1☐	2☐	☐☐
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	1☐	2☐	☐☐