



**Fill out if the information is not already in EPIC (our electronic medical record) or if provider is not a Swedish provider.**

Please check the health conditions that apply to you now or in the past, briefly explain and provide dates:

	Yes	Explain		Yes	Explain
Alcohol/Drug abuse			Heart disease		
Anemia			Hepatitis		
Arthritis			HIV/AIDS		
Asthma			Kidney/Liver		
Bleeding			Memory/Cognition		
Blood clots			Mental health		
Blood pressure			Nervous system		
Bowel or bladder			Osteoporosis		
Broken bones			Pregnant		
Cancer			Pacemaker		
Depression			Seizures		
Diabetes			Skin reactions		
Dizziness/Balance			Sleep/Snoring		
Emphysema			Stomach/Digestion		
Endocrine/Thyroid			Stroke		
Eye disease			Swelling		
Gout			Tobacco use		
Head injury			Tuberculosis		
Hearing			Weight issue		
Heartburn/Ulcer			Other:		

Current prescription, over-the-counter or herbal medications: \_\_\_\_\_

\_\_\_\_\_

Adverse or allergic reactions to products (i.e., latex, tape, etc.) or drugs: \_\_\_\_\_

\_\_\_\_\_

Prior injuries, major illness, surgical history and dates: \_\_\_\_\_

\_\_\_\_\_

Patient signature: \_\_\_\_\_

Date and time: \_\_\_\_\_

Therapist signature: \_\_\_\_\_

Date and time: \_\_\_\_\_

We do not discriminate on the basis of race, color, national origin, sex, age, or disability in our health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (Swedish Edmonds 888-311-9178) (TTY:711)

**FOR OFFICE USE ONLY**  
**LABEL HERE OR**  
**PATIENT NAME AND MRN:**