

RIDGELINE CONSULTING SERVICES, LLC

MEDICAL HISTORY

Name: _____ Date: _____

DENIES MEDICAL HISTORY: YES NO

NEUROLOGICAL: YES NO comment: _____

CARDIAC: YES NO comment: _____

PULMONARY: YES NO comment: _____

TOBACCO: YES NO comment: _____

GI: YES NO comment: _____

ENDOCRINE: YES NO comment: _____

GENITOURINARY: YES NO comment: _____

REPRODUCTIVE: YES NO comment: _____

PREGNANCY: YES NO comment: _____

LMP: _____ TUBAL LIGATION: YES NO MENOPAUSAL: YES NO

HYSTERECTOMY: YES NO

MUSCULOSKELETAL: YES NO comment: _____

HEMATOLOGIC: YES NO comment: _____

SKIN: YES NO comment: _____

CONSTITUTION: _____

POSITIVE TB TEST: YES NO comment: _____

HEPATITIS A: YES NO comment: _____

HEPATITIS B: YES NO comment: _____

HEPATITIS C: YES NO comment: _____

HIV: YES NO comment: _____

IV DRUG USE: YES NO comment: _____

