

MEDICAL HISTORY FORM

INTRODUCTION

We at **Aum Integrated Medical and Research Center** treating the patient with holistic science. In order to make out accurate plan of treatment, it is essential to understand your complaints and sufferings. Incomplete information will make correct choice difficult. You are therefore requested to supply the information without keeping anything back as irrelevant or of little importance. The history that you provide becomes basis for further inquiry. Hence, we earnestly request for your full co-operation. **All information supplied, of course, will be strictly confidential.**

This information will help us in rendering you the best possible service.

PRELIMINARY INFORMATION

1. Name in full:
2. Address:
3. Date of Birth:
4. Sex:

5. Status (Single / Married / Widow-ed since / Divorcee since):

6. Religion /Community/Sect:
7. Vegetarian / Non-vegetarian / Eggs:
8. Addictions, Tobacco, chewing/smoking, Tea, Coffee, Beer, Whisky and liquors (please state the quantity consumed daily):

9. Educational career and qualifications:
10. Occupation, with a full address and tel. no.:
11. Email:
12. Contact Detail:

CHIEF COMPLAINT: Main complaint / disease

Describe what bothers you most and your suffering, your diseases.

- 1.
- 2.
- 3.
- 4.
- 5.

6.

OTHER COMPLAINTS

Describe all complaints which had troubled you in the past.

- 1.
- 2.
- 3.
- 4.

PERSONAL DATA

Give a full account of the following:

(1) Physical description of self like

Weight:

Height:

Physique:

PREVIOUS ILLNESS: Give a resume of the various illnesses you had and to what extent these have any bearing on present troubles.

GENERAL COMMENTS

Include here any items which have not been included above.

ENCLOSURES: Mention only conclusions and comments of reports.

1. Medical Report and opinion on your state of health from physician.
2. Copies of Reports of investigations done.
3. X-ray plates, Electrocardiograms, etc.
4. Name of presently taking Medications if in any with dosage.