# ALLIANCE HEALTH GROUP

3311 Hobson Road, Suite B, Woodridge, IL 60517 Phone: (630)780-9696

---

**•ABOUT YOU•**

Full Name: _____ Occupation: _____

Prefer to be Called: _____ Employer: _____

Date of Birth: _____/_____/_____ Age: _____ Employer Address: _____

Address: _____ City: _____ State: ____ Zip: _____

City: _____ State: ____ Zip: _____ Work Phone: (_____)_____

Home Phone: (_____)_____ Marital Status: ☐ Single ☐ Separated ☐ Widowed

Mobile Phone: (_____)_____ ☐ Married ☐ Divorced

E-mail: _____ Spouse's Name: _____

Height: _____ Weight: _____ Spouse's Occupation: _____

How did you hear about our office? _____

---

**Health Insurance Information**

Insurance Company Name: _____ Group #: _____

Address: _____ Policy #: _____

City, State, Zip: _____ Phone: (_____)_____

---

**Your Medical History** **(Check any of the following conditions you currently have or have had in the past.)**

| | | | | |
|---|---|---|---|---|
| ☐ AIDS/HIV | ☐ Diabetes | ☐ High Blood Pressure | ☐ Scarlet Fever | ☐ Major Trauma |
| ☐ Alcoholism | ☐ Emphysema | ☐ Measles | ☐ Seizures | _____ |
| ☐ Allergies | ☐ Epilepsy | ☐ Multiple Sclerosis | ☐ Stroke | _____ |
| ☐ Appendicitis | ☐ Goiter | ☐ Mumps | ☐ Surgery (List) | ☐ Typhoid Fever |
| ☐ Arteriosclerosis | ☐ Gout | ☐ Pacemaker | _____ | ☐ Ulcers |
| ☐ Asthma | ☐ Heart Disease | ☐ Pleurisy | _____ | ☐ Venereal Disease |
| ☐ Birth Trauma (your own birth) | | ☐ Pneumonia | _____ | ☐ Whooping Cough |
| ☐ Cancer | ☐ Hepatitis | ☐ Polio | ☐ Thyroid Disorders | ☐ Other |
| ☐ Chicken Pox | ☐ Herpes | ☐ Rheumatic Fever | ☐ Tuberculosis | _____ |

---

**Pharmaceuticals taken in the last 2 months:**

_____

_____

**Vitamins/Supplements taken in the last 2 months:**

_____

_____

---

**Family Medical History**

| | | | | | |
|---|---|---|---|---|---|
| ☐ Allergies | ☐ Cancer | ☐ Arteriosclerosis | ☐ Alcoholism | ☐ Heart Disease | ☐ Seizures |
| _____ | _____ | ☐ Asthma | ☐ Diabetes | ☐ High Blood Pressure | ☐ Stroke |

**Your Lifestyle**

☐ Alcohol ☐ Marijuana ☐ Stress Regular Exercise

☐ Tobacco ☐ Drugs ☐ Occupational Hazards Type_____ Frequency _____

---

**Cardiovascular**

☐ High Blood Pressure ☐ Low Blood Pressure ☐ Chest Pain ☐ Tachycardia ☐ Phlebitis

☐ Blood Clots ☐ Fainting ☐ Difficulty Breathing ☐ Heart Palpitations ☐ Irregular Heartbeat

---

**Gastrointestinal**

☐ Nausea ☐ Diarrhea ☐ Laxative Use ☐ Bloating ☐ Bad Breath

☐ Vomiting ☐ Constipation ☐ Rectal Pain Bowel Movements

☐ Acid Regurgitation ☐ Mucous in Stools ☐ Hemorrhoid Frequency _____

☐ Gas ☐ Black Stools ☐ Anal Fissures Texture/Form_____

☐ Hiccup ☐ Bloody Stools ☐ Intestinal Pain/Cramping Color_____ Odor_____

---

**Musculoskeletal**

☐ Neck/Shoulder Pain ☐ Upper Back Pain ☐ Joint Pain ☐ Muscle Pain ☐ TMJ ☐ Headaches

☐ Low Back Pain ☐ Limited Range of Motion ☐ Rib Pain ☐ Limited Use Other (Describe)_____

---

**Skin and Hair**

☐ Rashes ☐ Eczema ☐ Dandruff ☐ Change in Hair/Skin Texture ☐ Ulcerations

☐ Hives ☐ Psoriasis ☐ Itching ☐ Fungal Infections ☐ Acne

☐ Hair Loss Other Hair or Skin Problems (Describe) _____

---

**Neuropsychological**

☐ Seizures ☐ Poor Memory ☐ Irritability ☐ Considered/Attempted Suicide ☐ Anxiety

☐ Numbness ☐ Depression ☐ Easily Stressed ☐ Seeing a Therapist ☐ Abuse Survivor

☐ Tics ☐ Migraine Headache Other (Specify) _____

---

**Genito-Urinary**

☐ Pain on Urination ☐ Blood in Urine ☐ Venereal Disease ☐ Increased Libido ☐ Impotence

☐ Frequent Urination ☐ Unable to Hold Urine ☐ Bedwetting ☐ Decreased Libido ☐ Premature Ejaculation

☐ Urgent Urination ☐ Incomplete Urination ☐ Wake to Urinate ☐ Kidney Stones ☐ Nocturnal Emission

☐ Hesitancy on Urination Other (Describe)_____

---

**Gynecology**

| Age Menses Began | Duration of Flow | Date Last Period Began | Length of Cycle | Date of Last PAP |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| Age at Menopause | ☐ Irregular Periods | ☐ Vaginal Discharge | ☐ Vaginal Sores | # Pregnancies_____ |
| _____ | ☐ Painful Periods | (color) _____ | ☐ Vaginal Odor | # Live Births_____ |
| | ☐ PMS | ☐ Breast Lumps | ☐ Clots | # Premature Births_____ |

---

**OTHER**

_____