Mary Ellen Coulter, M.D.
Homeopathic and Holistic Medicine
Women's Health

PLEASE READ CAREFULLY AND ANSWER ALL THAT APPLY

Allergies to any medications? _____

Medications presently taking: _____

Any surgeries? _____

Do you or have you smoked? _____

Do you drink: Coffee _____ Tea _____ Pop _____ Alcohol _____

Have you had blood transfusions? _____ If so, when? _____

Date of last blood draw: _____ Date of last electrocardiogram: _____

Date of last chest x-ray: _____

FAMILY HISTORY

Please list the present age and medical problems, or age at death and cause for each of the following:

Mother _____

Father _____

CHECK ALL THAT APPLY TO YOU

MISCELLANEOUS

_____ Cancer
_____ High blood pressure
_____ Diabetes
_____ Tuberculosis
_____ Hepatitis
_____ Mononucleosis
_____ Measles, mumps, chicken pox
_____ Skin disorders

EYES, EARS, NOSE, THROAT

_____ Wear glasses or contacts
_____ Loss of hearing
_____ Sinus infections
_____ Post nasal drainage
_____ Seasonal allergies
_____ Thyroid problems
_____ Recent vision changes

HEART

_____ Chest pain
_____ Dizziness
_____ Fainting spells
_____ Heart attack(s)
_____ Stroke
_____ Heart murmur
_____ Palpitations, funny heart beats
_____ Mitral valve prolapse
_____ Rheumatic fever

LUNGS

_____ Asthma
_____ Pneumonia
_____ Bronchitis
_____ Chronic cough
_____ Shortness of breath
_____ Coughing up blood

GENERAL

_____ Sleep poorly
_____ Always tired
_____ Excessive thirst or appetite
_____ Abnormal weight loss or gain
_____ Hair loss
_____ Dry skin

GASTROINTESTINAL

_____ Heartburn/Indigestion
_____ Belching/Burping
_____ Ulcers
_____ Hiatal hernia
_____ Constipation/Diarrhea
_____ Hemorrhoids
_____ Taking laxatives
_____ Bleeding w/ bowel movements
_____ Difficulty swallowing
_____ Pain with swallowing

URINARY TRACT

_____ Kidney stones
_____ Bladder or kidney infections
_____ Difficulty holding urine
_____ Difficulty starting urinating
_____ Frequent urinating
_____ Urinating at night
_____ Times per night
_____ Burning w/urinating
_____ Prostate problem
_____ Dribbling before/after urinating

EXTREMETIES

_____ Any broken bones _____
_____ Arthritis
_____ Leg cramps
_____ Swelling fingers, ankles, feet

NERVOUS SYSTEM

_____ History of seizures
_____ Any head trauma
_____ Paralysis
_____ Tremors
_____ Numbness/Tingling
_____ Burning of feet
_____ Memory loss
_____ Frequent headache
_____ Psychological illness