

65 Ridgecrest Rd
Jackson, TN 38305
Phone: 731-668-6076
Fax: (731) 668-7033



213 E Lafayette St
Jackson, TN 38301
Phone: 731-554-1033
Fax: (731) 554-1063

Patient Name: _____

Today's date: _____

ADULT MEDICAL HISTORY: Please check all that apply. Please apply dates where applicable.

- | | |
|--|--|
| <input type="checkbox"/> Acid reflux | <input type="checkbox"/> Heart troubles |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Huntingdon's or Parkinson's Disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Intellectual deficits |
| <input type="checkbox"/> Aspiration pneumonia | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Atopic dermatitis / eczema | <input type="checkbox"/> Neurological conditions |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Recurrent ear infections |
| <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Seizures / epilepsy |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Shingles |
| <input type="checkbox"/> Chronic colds | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Chronic laryngitis | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cleft palate | <input type="checkbox"/> Thyroid issues |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision loss / glasses |
| <input type="checkbox"/> Emotional or psychological issues | <input type="checkbox"/> Vocal polyps or nodules |
| <input type="checkbox"/> Facial nerve palsy | <input type="checkbox"/> Voice issues or changes |
| <input type="checkbox"/> Head injury | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Head/neck cancer _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hearing Evaluation: _____ | |
| <input type="checkbox"/> Hearing loss | |
| <input type="checkbox"/> Heart attack | |

Do you use any assistive devices such as a wheelchair, walker, or cane? _____

What is your current state of health? ___ Excellent ___ Average-fair ___ Poor

