OXYGENOASIS
A Center for Healing

INTAKE DATABASE

FIRST NAME -- MIDDLE INITIAL -- LAST NAME	DATE OF BIRTH

PRIMARY PHYSICIAN	OTHER PHYSICIAN
OTHER PHYSICIAN	OTHER PHYSICIAN
PHARMACY	HOME HEALTH AGENCY
LIST YOUR MEDICATIONS BELOW:	LIST YOUR MEDICATIONS BELOW:
LIST YOUR DRUG ALLERGIES BELOW:	LIST YOUR DRUG ALLERGIES BELOW:

LIST YOUR MEDICAL DIAGNOSES / PAST MEDICAL HISTORY / HOSPITALIZATIONS BELOW:	

LIST THE SURGERIES / INVASIVE PROCEDURES YOU HAVE HAD BELOW:	

What is the location of your pain? _____

Rate your pain (on a scale of 1-10): Current_____Worst_____Best_____Acceptable _____

How would you describe your pain?

D Intermittent
D Occasional
D Continuous

What is the quality of your pain?

D Ache
D Cramping
D Dull
D Prick
D Sharp
D Stabbing
D Throbbing

How long have you had this pain? _____

What causes an increase in your pain? _____

What relieves your pain?

D Medication
D Relaxation
D Exercise
D Heat
D Elevation
D Cold
D Nothing

What parts of your life are affected by pain?

D Sleep
D Appetite
D Concentration
D Quality of life
D Emotions
D Relationship

What is your current pain management plan? _____

What are your goals for pain management? _____

FAMILY AND SOCIAL HISTORY

What is your marital status?

D Single
D Married
D Separated
D Divorced
D Widow
D Widower
D Significant other

What is your current living situation?

D Alone
D With family
D Nursing home
D Assisted living
D SNF (skilled nursing facility)
D Homeless
D Other

Do you have a family member or friend that can assist in your care? D Yes D No

What is/was your primary career? _____

Why did you retire?

How would you describe your current activity level?

D Active
D Minimal
D Sedentary
D Restricted

How many packs of cigarettes do you smoke a day? _____

What year did you start smoking? _____

What year did you stop smoking?

How long does it take you to drink a six pack of beer, fifth of liquor, or botle of wine?

D Unknown
D Do not drink
D A day
D A week
D A month
D 6 months
D A year

What recreational drugs do you use?
(check all that apply)

D Marijuana
D Cocaine
D LSD
D Methamphetamines
D Heroin
D Other

What was the cause of death of your Mother? _____

What was the cause of death of your Father? _____

Are there any other pertinent diseases that run in your family? _____

REVIEW OF SYSTEMS

Please check (0) "yes" or "no" if you have had the following symptoms:

CONSTITUTIONAL

	YES	NO		YES	NO
Appetite change	D	D	Pain	D	D
Chills	D	D	Weakness	D	D
Fever	D	D	Intended weight loss	D	D
Insomnia (unable to sleep)	D	D	Unintended weight loss	D	D
Lethargy (decreased level of alertness)	D	D	Intended weight gain	D	D
Malaise (fatigue/tiredness)	D	D	Unintended weight gain	D	D
Night sweats	D	D			

INTEGUMENTARY (SKIN AND/OR BREAST)

	YES	NO		YES	NO
Acne	D	D	Rashes	D	D
Ulcer in old scar	D	D	Keloids (scar overgrowth)	D	D
Previous ulcer	D	D	Contact dermatitis (rash from something touching your skin)	D	D
Dryness	D	D			
Pruritus (itching)	D	D	Scars	D	D

ALLERGIC/IMMUNOLOGIC

	YES	NO		YES	NO
Lupus	D	D	Steroids	D	D
Rheumatoid	D	D	HIV	D	D
Scleroderma	D	D			

EYES

	YES	NO		YES	NO
Blind	D	D	Glasses	D	D
Macular degeneration	D	D	Cataracts	D	D
Optic neuritis	D	D	Cataract removal	D	D
Contact lenses	D	D			

EARS, NOSE, MOUTH, THROAT

	YES	NO		YES	NO
Dentures	D	D	Ear surgery	D	D
Hearing loss	D	D	Sinus surgery	D	D
Herpes simplex (cold sores)	D	D	Chronic sinusitis (recurrent sinusitis)	D	D
Recent respiratory infection	D	D	Partial dentures	D	D

RESPIRATORY

	YES	NO		YES	NO
Spontaneous pneumothorax (lung collapse)	D	D	Asthma	D	D
			COPD (emphysema)	D	D
Wear supplemental oxygen	D	D	Respiratory infection	D	D
Seasonal allergies	D	D	Tuberculosis	D	D
Chronic cough	D	D	Wheezing	D	D

CARDIOVASCULAR (HEART)

	YES	NO		YES	NO
Shortness of breath with exertion	D	D	Palpitations	D	D
Angina (chest pain)	D	D	PND (have to sit up to catch your breath when sleeping	D	D
Arrhythmia (abnormal heartbeat)	D	D			
Heart failure (CHF)	D	D	Defibrillator	D	D
Hypertension (elevated blood pressure)	D	D	Pacemaker	D	D
Hypotension (abnormally low blood pressure)	D	D			
Orthopnea (difficulty breathing when lying flat on your back)	D	D			

CARDIOVASCULAR (PERIPHERAL CIRCULATION)

	YES	NO		YES	NO
Varicose veins	D	D	Leg swelling	D	D
Arterial surgery	D	D	Claudication (leg pain with exercise)	D	D
Vein surgery	D	D	Rest pain	D	D
DVT (blood clot in leg/deep leg vein)	D	D	Necrosis/gangrene	D	D

GASTROINTESTINAL

	YES	NO		YES	NO
Nausea/vomiting	D	D	Jaundice	D	D
Hiatal hernia	D	D	Hepatitis	D	D
Acid reflux	D	D	Blood in stools	D	D
Anorexia	D	D	Bowel incontinence	D	D
Bulimia	D	D	Constipation	D	D
Dysphagia (difficulty swallowing)	D	D	Diarrhea	D	D
Obesity	D	D	Stomach ulcers	D	D
Liver disease	D	D			

GENITOURINARY

	YES	NO		YES	NO
Foley catheter	D	D	Nocturia (waking up to urinate)	D	D
Intermittent catheter	D	D	Chronic renal insufficiency	D	D
Suprapubic catheter	D	D	Kidney transplant	D	D
Cystostomy	D	D	Hemodialysis	D	D
Dysuria (pain with urination)	D	D	Peritoneal dialysis	D	D
Urinary frequency	D	D			

MUSCULOSKELETAL

	YES	NO		YES	NO
Painful nails	D	D	Previous fracture	D	D
Myalgias (muscle pain)	D	D	Changes in feet	D	D
Arthritis	D	D	Alteration of gait	D	D

NEUROLOGICAL					
	YES	NO		YES	NO
Dizziness	D	D	Seizures	D	D
Focal headaches	D	D	Spinal cord injury	D	D
Weakness	D	D	Stroke	D	D
Muscular dystrophy	D	D	Syncope (passing out)	D	D
Parkinson's disease	D	D	TIA (mini stroke)	D	D

ENDOCRINE					
	YES	NO		YES	NO
Hypoglycemia (low blood sugar)	D	D	Addison's disease	D	D
Hyperglycemia (high blood sugar)	D	D	Cushing's disease	D	D
Thyroid disease	D	D			

HEMATOLOGIC/LYMPHATIC					
	YES	NO		YES	NO
Bruising	D	D	Hypercoaguable (clotting disorder)	D	D
Lymphedema	D	D	Family history of blood clots	D	D
Bleeding disorder	D	D			

PSYCHIATRIC					
	YES	NO		YES	NO
Impaired judgment	D	D	Claustophobia (fear of closed spaces)	D	D
Memory loss	D	D	Bipolar	D	D
Dementia/Alzheimers	D	D	Depression	D	D
Anxiety	D	D	Panic attacks	D	D

HYPERBARIC					
	YES	NO		YES	NO
Thoracic surgery	D	D	Cancer history	D	D
Optic neuritis	D	D	COPD/Emphysema	D	D
Congenital spherocytosis	D	D	Asthma	D	D
Ear surgery	D	D	Chronic sinusitis	D	D
Cataracts	D	D	Recent high fevers	D	D
Cataract removal	D	D	Recent administration of:		
Spontaneous pneumothorax (lung collapse)	D	D	1. Cisplatinum	D	D
Seizures	D	D	2. Adriamycin	D	D
Steroid use	D	D	3. Bleomycin	D	D
Previous hyperbaric treatment	D	D			