

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Reason for visit: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Problem Onset: \_\_\_\_\_ Location: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

## Current Symptoms

### General

- ≤ Chills
- ≤ Fatigue
- ≤ Fever
- ≤ Night sweats
- ≤ In an abusive relationship
- ≤ Weight change

### Eyes

- ≤ Blurred vision
- ≤ Eye drainage
- ≤ Eye pain
- ≤ Glasses/contacts
- ≤ Light sensitivity

### Ears/Nose/Throat

- ≤ Ear pain
- ≤ Hearing problems
- ≤ Ringing in ears
- ≤ Nose bleeds
- ≤ Nasal congestion
- ≤ Nasal ulcers
- ≤ Runny nose
- ≤ Bleeding gums
- ≤ Gum disease
- ≤ Dentures present
- ≤ Hoarseness
- ≤ Oral ulcers
- ≤ Sore throat
- ≤ Sore tongue
- ≤ Thrush
- ≤ Tooth pain

### Cardiovascular

- ≤ Chest pain
- ≤ Leg Pain w/ walking
- ≤ Dizziness
- ≤ Shortness of breath
- ≤ Palpitations
- ≤ Swollen feet/ankles
- ≤ Rapid heart rate
- ≤ Varicose veins

### Respiratory

- ≤ Cough
- ≤ Difficulty breathing
- ≤ Exposure to TB
- ≤ Coughing up blood
- ≤ Chest wall pain
- ≤ Wheezing

### Gastrointestinal

- ≤ Abdominal pain
- ≤ Indigestion
- ≤ Sour taste in mouth
- ≤ Poor appetite
- ≤ Bloating
- ≤ Difficulty swallowing
- ≤ Clay-colored stools
- ≤ Constipation
- ≤ Diarrhea
- ≤ Heartburn
- ≤ Vomiting blood
- ≤ Bloody stools
- ≤ Hemorrhoids
- ≤ Dark/tarry stools
- ≤ Nausea
- ≤ Vomiting
- ≤ Painful chewing
- ≤ Stool caliber change

### Genitourinary

- ≤ Painful menstruation
- ≤ Painful intercourse
- ≤ Painful urination
- ≤ Genital lesions
- ≤ Blood in urine
- ≤ Multiple sexual contacts
- ≤ Unprotected sex
- ≤ Frequent bladder infections
- ≤ Impotence
- ≤ Frequent bacterial vaginosis
- ≤ Irregular periods
- ≤ Heavy periods
- ≤ Nighttime urination

### Genitourinary (Cont.)

- ≤ Frequent urination
- ≤ Change in urine stream
- ≤ Bleeding after intercourse
- ≤ Menopausal bleeding
- ≤ Rape
- ≤ Sexual abuse
- ≤ Urinary incontinence
- ≤ Vaginal discharge
- ≤ Vaginal itching

### Musculoskeletal

- ≤ Joint pain
- ≤ Back pain
- ≤ Joint stiffness
- ≤ Arm or leg pain
- ≤ Muscle aches

### Skin

- ≤ Acne
- ≤ Concerning moles
- ≤ Dry skin
- ≤ Fingernail problems
- ≤ Jaundice
- ≤ Itching
- ≤ Rashes
- ≤ Warts

### Breast

- ≤ Lump
- ≤ Skin changes
- ≤ Breast tenderness
- ≤ Nipple discharge
- ≤ Regular self-breast exams

### Neurological

- ≤ Difficulty walking
- ≤ Dizziness
- ≤ Fainting
- ≤ Headaches
- ≤ Memory loss
- ≤ Numbness

### Neurological (cont.)

- ≤ Seizures
- ≤ Tremor
- ≤ Vertigo
- ≤ Weakness

### Hematologic

- ≤ Easy bruising
- ≤ Excessive bleeding
- ≤ Blood transfusions
- ≤ Enlarging lymph nodes

### Endocrine

- ≤ Enlarging hands/feet
- ≤ Hair loss
- ≤ Heat intolerance
- ≤ Cold intolerance
- ≤ New hair growth
- ≤ Hot flashes
- ≤ Darkening skin
- ≤ Infertility
- ≤ Increased thirst
- ≤ Increased hunger
- ≤ Stretch marks
- ≤ Sweating excessive

### Allergic/Immunologic

- ≤ Allergies
- ≤ Hay fever
- ≤ Frequent colds
- ≤ HIV exposure
- ≤ Urticaria

### Psychiatric

- ≤ Anxiety
- ≤ Depression
- ≤ Stress
- ≤ Mood swings
- ≤ Personality change
- ≤ PMS
- ≤ Poor concentration
- ≤ Trouble sleeping
- ≤ Suicidal thoughts

## Medications

Name \_\_\_\_\_ Dose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

Name \_\_\_\_\_ Dose \_\_\_\_\_

## Medication Allergies

Drug \_\_\_\_\_ Reaction \_\_\_\_\_

Drug \_\_\_\_\_ Reaction \_\_\_\_\_

Drug \_\_\_\_\_ Reaction \_\_\_\_\_

Drug \_\_\_\_\_ Reaction \_\_\_\_\_

# Surgical History - Adult

## Cosmetic

- ≤ Blepharoplasty
- ≤ Facelift
- ≤ Liposuction
- ≤ Rhinoplasty
- ≤ Varicose Vein Stripping

## Organ Removal/Resection (cont)

- ≤ Small Bowel
- ≤ Spleen
- ≤ Thyroid
- ≤ Tonsils
- ≤ Uvula

## Other Surgeries (cont)

- ≤ Coronary Artery Stent
- ≤ C-Section
- ≤ Dilation & Curettage
- ≤ Fracture repair
- ≤ Hernia Repair
- ≤ Hysterectomy
- ≤ Ovaries Removed
- ≤ Joint replacement
- ≤ Laminectomy
- ≤ Laparotomy (exploratory)
- ≤ Nissen Fundoplasty
- ≤ Pacemaker
- ≤ Coronary Angioplasty
- ≤ Tubal Ligation
- ≤ TURP

≤ Vasectomy

## Other Procedures

- ≤ Circumcision
- ≤ Lasik
- ≤ Lumbar Puncture
- ≤ PRK
- ≤ Bone Marrow Biopsy
- ≤ Liver Biopsy
- ≤ Prostate Biopsy
- ≤ Renal Biopsy
- ≤ Skin Biopsy
- ≤ Vasectomy

## Organ Removal/Resection

- ≤ Appendix
- ≤ Gall Bladder
- ≤ Colon
- ≤ Larynx
- ≤ Lung
- ≤ Parathyroid
- ≤ Prostate
- ≤ Sinus

## Other Surgeries

- ≤ Abortion
- ≤ Aortic Aneurysm
- ≤ Arthroscopy
- ≤ Biopsy
- ≤ Coronary Artery Bypass
- ≤ Cardiac Valve
- ≤ Carotid Endarterectomy
- ≤ Cataract Removal

≤ Other \_\_\_\_\_  
 ≤ Other \_\_\_\_\_

# Family History

Relation	Medical Problems	Age at Death	Cause of Death
Father			
Mother			
Brothers #			
Sisters #			
Sons #			
Daughters			
Paternal GF			
Paternal GM			
Maternal GF			
Maternal GM			

# Pregnancy/Gynecological History

Pregnancies # \_\_\_\_\_ ≤ Pregnancies Problems  
 Children # \_\_\_\_\_ ≤ Menstrual Problems  
 Abortions # \_\_\_\_\_  
 Miscarriages # \_\_\_\_\_

Current Birth control \_\_\_\_\_ Last Pap Smear \_\_\_\_\_  
 Age Periods Started \_\_\_\_\_ Last Mammogram \_\_\_\_\_  
 Age at Menopause \_\_\_\_\_

# Social History - Adult

Occupation \_\_\_\_\_

## Marital Status

- ≤ Single
- ≤ Married
- ≤ Divorced
- ≤ Widowed

Number of Children \_\_\_\_\_

Hobbies \_\_\_\_\_

Exercise (type): \_\_\_\_\_

- ≤ Daily
- ≤ Rarely
- ≤ Never

Caffeine: \_\_\_\_\_ drinks/day

## Smoking:

- ≤ Never
- ≤ Now
- ≤ In past

## Tobacco:

- ≤ Cigarettes
- ≤ Cigar
- ≤ Smokeless

## Alcohol:

- ≤ None

≤ Current alcoholic

≤ Past alcoholism

## How often do you use alcohol?

- ≤ None
- ≤ Rare
- ≤ Experimented with
- ≤ Social
- ≤ Regular
- ≤ Occasional Binge
- ≤ In past

## Illicit Drugs:

≤ Yes

≤ No

≤ In past

## Are you taking any herbals or supplements?

≤ Yes

≤ No

## Are you currently dieting?

≤ Yes

≤ No

# Past Medical History

## Cardiovascular

- ≤ Abnormal Heart Rhythm
- ≤ Arterial Clot
- ≤ Carotid Artery Disease
- ≤ Congestive Heart Failure
- ≤ Coronary Artery Disease
- ≤ Deep Vein Thrombosis
- ≤ High Cholesterol
- ≤ Hypertension
- ≤ Heart Attack
- ≤ Peripheral Vascular Disease
- ≤ Superficial Vein Clot
- ≤ Phlebitis
- ≤ Heart Valve Disease

## Pulmonary

- ≤ Asthma
- ≤ Bronchiectasis
- ≤ Chronic Bronchitis
- ≤ COPD
- ≤ Croup
- ≤ Cystic Fibrosis
- ≤ Pneumonia
- ≤ Pulmonary Embolism
- ≤ Pulmonary Hypertension
- ≤ Respiratory Syncytial Virus
- ≤ Sarcoidosis
- ≤ Sleep Apnea
- ≤ TB

## Gastrointestinal

- ≤ Gall Stones
- ≤ Cirrhosis
- ≤ Colon Polyps
- ≤ Crohn's Disease
- ≤ Incontinence of Feces
- ≤ GERD
- ≤ Hepatitis
- ≤ Irritable Bowel Syndrome
- ≤ Pancreatitis
- ≤ Peptic Ulcer Disease
- ≤ Rotavirus
- ≤ Ulcerative Colitis

## Renal

- ≤ Acute Renal Failure
- ≤ Benign Prostatic Hypertrophy
- ≤ Chronic Renal Failure
- ≤ Endometriosis
- ≤ Bed Wetting
- ≤ Erectile Dysfunction (Impotence)

- ≤ Glomerulonephritis
- ≤ Infertility
- ≤ Polycystic Kidney Disease
- Renal** (cont.)
- ≤ Kidney Stones
- ≤ Multiple Sexual Partners
- ≤ Homosexual Partners
- ≤ Urinary Incontinence
- ≤ Frequent Bladder Infections
- ≤ Vesicoureteral Reflux

## Musculoskeletal/Connective tissue

- ≤ Chondromalacia Patellae
- ≤ Chronic Pain
- ≤ Fibromyalgia
- ≤ Fractures
- ≤ Gout
- ≤ Juvenile Rheumatoid Arthritis
- ≤ Legg-Calve-Perthes Disease
- ≤ Osgood-Schlatter Disease
- ≤ Osteoarthritis
- ≤ Osteoporosis
- ≤ Paget's Disease
- ≤ Polymyalgia Rheumatica
- ≤ Rheumatoid Arthritis
- ≤ Sjogren's Disease
- ≤ Slipped Capital Femoral Epiphysis
- ≤ Systemic Lupus Erythematosus

## Endocrine

- ≤ Addison's Disease
- ≤ Carcinoid Syndrome
- ≤ Cushing's Disease
- ≤ Diabetes
- ≤ Hyperthyroidism
- ≤ Hypothyroidism
- ≤ Osteoporosis
- ≤ Panhypopituitarism

## Neurological

- ≤ Alzheimer's Disease
- ≤ ADD/ADHD
- ≤ Autism
- ≤ Cerebral Palsy
- ≤ Stroke
- ≤ Dementia
- ≤ Degenerative Disc Disease
- ≤ Headaches
- ≤ Huntington's Disease
- ≤ Meningitis
- ≤ Mental Retardation

- ≤ Multiple Sclerosis
- ≤ Muscular Dystrophy
- ≤ Myasthenia Gravis
- ≤ Parkinson's Disease
- ≤ Sensory Neuropathy
- ≤ Pervasive Developmental Delay
- Neurological** (cont.)
- ≤ Seizures
- ≤ TIAs

## Hematologic

- ≤ Hemolytic Anemia
- ≤ Iron Deficiency Anemia
- ≤ Myelofibrosis
- ≤ Pernicious Anemia
- ≤ Sickle Cell Disease
- ≤ Thalassemia

## Allergy/Immune/Skin

- ≤ Allergies
- ≤ Angioedema
- ≤ Chicken Pox
- ≤ Eczema
- ≤ Giardiasis
- ≤ Immune Deficiency
- ≤ Ear Infections (frequent)
- ≤ Psoriasis
- ≤ Sinusitis (frequent)

## Cancers

- ≤ Bone
- ≤ Brain
- ≤ Breast
- ≤ Colon
- ≤ Hepatic/Liver
- ≤ Leukemia
- ≤ Lung
- ≤ Lymphoma
- ≤ Melanoma
- ≤ Pancreatic
- ≤ Prostate
- ≤ Renal/Kidney
- ≤ Skin
- ≤ Testicular
- ≤ Thyroid

## Other

- ≤ Cataract
- ≤ Glaucoma
- ≤ Over Weight

**Psychiatric**

≤ Anxiety

≤ Anorexia Nervosa

≤ Bipolar Disorder

≤ Bulimia

≤ Depression

≤ Obsessive Compulsive

≤ Schizophrenia

**Do You See Any Specialists?** ≤ No ≤ Yes (indicate below)

Dr. \_\_\_\_\_ for \_\_\_\_\_

Dr. \_\_\_\_\_ for \_\_\_\_\_

Dr. \_\_\_\_\_ for \_\_\_\_\_

Dr. \_\_\_\_\_ for \_\_\_\_\_