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|-------|
| Name: |
| DOB: |
| PCP: |
| Date: |

Reason for Visit:

If this is your first visit please fill out this section in full. Otherwise only add new information.

Medications: (including Aspirin and Supplements)

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Allergies & Reactions:

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|--|--|--|
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| | | |

All Prior Surgeries:

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| | | |
| | | |

Current or Prior Medical or Psychiatric Diagnoses (e.g. heart disease, diabetes, cancer, depression)

| | | |
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| | | |
| | | |
| | | |

Social History

Alcohol Y / N Weekly Average

Tobacco Use Y / N Daily Quantity

Marital Status _____

Occupation _____

Physical Activity/ Exercise _____

Family History (Include who)

Cancer (Include type) _____

Heart Disease _____

Bleeding or Clotting Issues _____

Diabetes _____

Other _____



Please check all of the following medical problems
that you have had in the **past 6 months**

Check here if none apply

| |
|-------|
| Name: |
| DOB: |

GENERAL

- Weight change
- Fevers
- Night sweats
- Extreme fatigue
- Difficulty sleeping

EYES

- Vision changes
- Glaucoma
- Conjunctivitis
- Corrective lenses

ENMT

- Hard of hearing
- Change in hearing
- Ringing in ears
- Ear infections
- Nosebleeds
- Nasal Congestion
- Sinusitis
- Sores in mouth
- Oral Infections
- Sore throat
- Hoarseness
- Voice changes

CARDIOVASCULAR

- Chest and/or left arm pain
- Angina
- Palpitations
- High blood pressure
- Heart attack/failure
- Heart murmur
- Short of breath when flat
- Short of breath with activity
- Ankle swelling

RESPIRATORY

- Cough
- Sputum
- Bloody sputum
- Asthma
- Wheezing
- Tuberculosis
- Pneumonia
- Short of breath at rest
- Loud snoring
- Apnea

IMMUNE SYSTEM

- Frequent infections
- Allergies
- HIV
- Immune suppression
- Autoimmune disease

GASTROINTESTINAL

- Difficulty swallowing
- Heartburn
- Regurgitation
- Abdominal Pain
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Vomiting blood
- Blood in stools
- Black stools
- Change in bowel habits
- Hemorrhoids
- IBS
- Hepatitis
- Jaundice
- Colitis/Diverticulitis
- Intolerance of foods

MUSCULOSKELETAL

- Broken bones
- Joint pain
- Joint swelling
- Osteopenia/porosis
- Extremity weakness
- Extremity numbness

GENITOURINARY

- Pain with urination
- Blood/Air/Stool in urine
- Frequent urination
- Urination at night
- Change in urine color
- Kidney stones
- Prostate issues
- Impotence
- STDs

NEUROLOGIC

- Facial weakness
- Migraines
- Headaches
- Strokes
- Seizures
- Dizziness
- Change in speech
- Fainting spells
- Memory changes
- Paralysis

PSYCHOLOGICAL

- Anxiety
- Panic attacks
- Depression
- Suicidal thoughts
- Hearing voices
- Manic attacks

ENDOCRINE

- Diabetes
- Thyroid/parathyroid issues
- Goiter/thyroid nodules
- Heat/cold intolerance
- Bone pain

HEMATOLOGIC

- Easy bruising/bleeding
- Blood clots
- Nosebleeds
- Enlarged spleen
- Painful lymph nodes
- Swollen lymph nodes
- Lymphedema

SKIN

- Changing moles
- New skin lesions
- Rashes
- Sores/ulcers
- Infections

GYNECOLOGIC

- Breast pain
- Nipple drainage
- Breast swelling
- Breast lumps
- Breast cyst
- Prior breast biopsy
- Abnormal mammogram
- Irregular menses
- Heavy menses
- Abnormal vaginal bleeding
- Vaginal discharge

FEMALE REPRODUCTIVE

Age at 1st period _____

Last Menstrual Period _____

Children _____ Y / N

how many _____

Age at first pregnancy _____

Did you breastfeed? _____ Y / N

Age at Menopause _____

Do you perform BSE? _____ Y / N

(Breast Self Exam)

In the past, have you ever used...

• Hormone replacement? _____ Y / N

how long? _____

what type? _____

• Birth Control Pills _____ Y / N

how long? _____

Reviewed By _____