

Patient's Name: _____ Date: _____ DOB: _____
 Reason For Your Visit: _____
 Who Is Your Current Primary Care Physician: _____
 Current Medications: _____

Allergies: _____
 Medical Problems: _____
 Surgeries: _____

Have You Had: The Flu Shot? Y/N ___/___/___ Pneumonia Vaccine? Y/N ___/___/___ Shingles Vaccine? Y/N ___/___/___
 Last BoNe Mineral Density? ___/___/___ Last Stress Test? ___/___/___ Last Colonoscopy? Y/N ___/___/___

MEN: Last PSA Test? ___/___/___ **WOMEN:** Last Mammogram? ___/___/___ Last Gynecologic Exam? ___/___/___

If Diabetic Please Answer Following Below:

Blood Glucose Meter Type (If Applicable): _____
 Last Foot Doctor Visit? ___/___/___ Last Dilated Eye Exam? ___/___/___ Last Dental Exam? ___/___/___

Please Check All That Currently Apply (If explanation needed please list next to symptom)

General

Loss Of Appetite
 Feeling Cold
 Fever
 Hot Flashes
 Hunger
 Sleep Problems

Chills
 Sweating
 Fatigue
 Heat Intolerance
 Increased Thirst
 Weight Change

Lungs

Cough
 Coughing Blood
 Wheezing
 Shortness of Breath
 Painful Breathing

Heart

Chest Pain
 Cold Feet
 Feet Swelling
 Palpitations
 Chest Pressure

Cold Hands
 Hypertension
 Syncope

Skin

Hairloss
 Skin Changes
 Bruising
 Nail Changes
 Sun Sensitivity

Lesions
 Itching
 Skin Rash

Gastrointestinal

Abdominal Bleeding
 Constipation
 Diff. Swallowing
 Excessive Gas
 Hepatitis

Abdominal Pain
 Diarrhea
 Feeling Full
 Heart Burn
 Nausea/ Vomiting

Ear Nose And Throat

Ear Discharge
 Hoarse Voice
 Loss Of Smell
 Mouth Lesions
 Neck Pain

Problems With Gums
 Voice Change
 Thyroid Problem
 Vision Problem
 Headache

Loss Of Hearing
 Loss Of Taste
 Neck Mass
 Neck Stiffness
 Problems With Teeth

Swollen Glands
 Vertigo

Breast

Breast Lumps
 Breast Skin Changes
 Rash

Breast Pain
 Nipple Discharge

Urinary

Bladder Dysfunction
 Discharge From Penis
 Weak Stream
 Painful Urination
 Incontinence

Erectile Dysfunction
 Urinating At Night
 Diff. Urinating
 Blood In Urine
 Increased Urination

Muscle/Bones

Back Pain
 Muscle Cramps
 Stiffness

Joint Pain
 Muscle Wasting

Blood

Easy Bleeding
 Prior Transfusion
 Swollen Glands

Neurologic

Confusion
 Unstable Gait

Memory Changes
 Numbness

Tremor
 Dizziness

Involuntary Movements
 Decreased Strength

Speech Changes

Emotional

Agitation
 Depression
 Hostile
 Moody

Nervous
 Anxiety
 Poor Sleep

Gynecologic (Women)

Lack Of Periods
 Painful Periods
 Heavy Periods
 Infrequent/Irregular Periods

Pelvic Pain
 Vaginal Dryness
 Vaginal Discharge

Pain With Intercourse
 Pain After Intercourse
 Vaginal Itch

Please List Explanation If Needed
