

Patient Name _____ Date _____

Current problems or concerns which brought you to this examination _____

Current medications _____

List past medical problems and conditions _____

List any allergies _____

List surgeries and dates _____

Social History:

Do you smoke? _____ How many cigarettes do you smoke per day? _____

Do you drink alcoholic beverages? _____ How much do you consume? _____

Do you use street drugs? _____ On what basis do you use? _____

Family History:

Are there any chronic illnesses in your family? (i.e. diabetes, high blood pressure, heart disease, cancer) _____

Mother's age _____ (if deceased, age at her death and the cause) _____

Father's age _____ (if deceased, age at his death and the cause) _____

Sibling's age _____

Health problems? _____

Children's age _____

Health problems? _____

Review of Systems: Please check those problems you currently have or have had in the past.

Head, eyes, ears, nose, throat:

- Visual problems
- Difficulty hearing
- Sinus problems
- Difficulty swallowing
- Persistent hoarseness
- Problem Headaches

Cardio respiratory:

- Chest pain
- Chest pressure (with exertion)
- Palpitations
- Leg swelling
- Shortness of breath while sleeping
- Breathing difficulty while sleeping
- Severe calf pain while walking
- History of asthma
- History of pneumonia
- Chronic cough
- Coughing up blood
- History of tuberculosis
- Positive TB skin test
- Shortness of breath

Skin:

- Change in mole size or color
- Black moles

Gastrointestinal:

- Ulcer disease
- Hepatitis
- Jaundice
- Abdominal pain
- Heart burn
- Gallbladder disease
- Blood in bowel movements
- Black tarry bowel movements
- Changes in bowel movements
- AIDS virus

Genitourinary:

- Kidney stones
- Bladder infections
- Difficulty urinating
- Decreased urine stream
- Blood in urine
- Impotence
- Sexually-transmitted disease
- Breast lumps
- Problems with menses
- Are you currently pregnant?

Neurological:

- Seizures or epilepsy
- Stroke
- Numbness of hands or feet
- Difficulty with balance
- Dizzy spells
- Episodes of temporary weakness in one arm or leg, drooping of one side of the face; temporary loss of speech or vision

Endocrine:

- Thyroid disease or goiter
- Cold most of the time?
- Too warm most of the time?
- Thirsty all the time?
- Diabetes

Musculoskeletal:

- Joint problems
- Joint stiffness upon awakening
- Achiness in bones or joints
- Lumps or growths