Patient Name:

LIST YOUR DOCTORS		
Name	***Specialty***	***Phone #***

YOUR PREFERRED PHARMACY	
Name and Location	***Phone #***

WHAT IS YOUR CHIEF COMPLAINT

YOUR SURGICAL HISTORY		
Type Of Surgeries	***Date***	***Name of Surgeon***

GYNECOLOGIC HISTORY (for females)

Number Of Pregnancies ☐ ***Number Of Abortions*** ☐

Number Of Deliveries ☐

Delivery Dates				
Delivery Methods				

Last Menstrual Period Date: _____

Any History of Abnormal PAP smears ? ☐ NO ☐ YES

Any History of Abnormal Mammograms ? ☐ NO ☐ YES

Any Oral Contraceptions ? ☐ NO ☐ YES	*If YES, Name of Contraception*
Hormonal Replacement Therapy ? ☐ NO ☐ YES	*If YES, Name of Medication*

FAMILY HISTORY

FAMILY MEMBER	***AGE***	***MAJOR ILLNESSES***
Mother		
Father		
Siblings		
Your Children		
Others		

SOCIAL HISTORY

Single ☐ ***Married*** ☐ ***Divorced*** ☐ ***Other*** ☐

Other Household Members ?

Occupation

Do You Smoke ? ☐ NO ☐ YES ***Quit*** ☐ ***# of Cigarettes/day :*** ***# of Years :***

Do You use Alcohol? ☐ NO ☐ YES ***How Much :***

Do You Use Drugs ? ☐ NO ☐ YES ***Name of Drug:*** ☐ ***Quit***

ALLERGIES TO MEDICATIONS

NAME	*REACTIONS*

LIST OF YOUR CURRENT MEDICATIONS

NAME	*DOSE*	*FREQUENCY*

VACCINATIONS

Tetanus ☐ YES ☐ NO ***Date*** _____ ***Influenza*** ☐ YES ☐ NO ***Date*** _____

Shingles ☐ YES ☐ NO ***Date*** _____ ***Pneumonia*** ☐ YES ☐ NO ***Date*** _____

PREVENTATIVE HEALTHCARE MAINTENANCE

Your Age: _____ ***Gender :*** ☐ ***Male*** ☐ ***Female***

The Date of Your Last Physical Exam : _____

The Date of Your Last Laboratories: _____

The Date of Your Last PSA/Prostate Test : _____

The Date of Your Last PAP Smear/Pelvic Exam : _____

The Date of Your Last Mammogram: _____

The Date of Your Last Testicular Exam: _____

The Date of Your Last Bone Density Test: _____

The Date of Your Last Colonoscopy: _____ ***Was It Normal ?*** ☐ YES ☐ NO

YOUR MEDICAL HISTORY

Cardiovascular

- ☐ Hypertension/Blood Pressure
- ☐ Heart Attack/Coronary Disease
- ☐ Heart Valve Disease
- ☐ Congestive Heart Failure
- ☐ Arrhythmia
- ☐ High Cholesterol

Pulmonary

- ☐ Asthma
- ☐ COPD
- ☐ Alergic Rhinitis (nasal alergies)
- ☐ Pulmonary Effusion/Edima
- ☐ Thrombus (DVT/PE)

Gastrointestinal

- ☐ Gastritis (Inflamed Stomach)
- ☐ Stomach Ulcer
- ☐ Hemorhoids
- ☐ Gastroesophageal Reflux (GERD)
- ☐ Celiac Disease (gluten sensitivity)
- ☐ Ulcerative Colitis
- ☐ Crohn's Disease
- ☐ Chronic Constipation
- ☐ Chronic Diarrhea
- ☐ Irritable Bowel Syndrome (IBS)
- ☐ Diverticulosis/Diverticulitis
- ☐ Pancreatitis
- ☐ Hepatitis
- ☐ Cirrhosis
- ☐ Gallstones
- ☐ Small Bowel Obstruction

Renal

- ☐ Chronic Kidney Disease
- ☐ Proteinuria (protein in urine)
- ☐ Kidney Stones
- ☐ Polycystic Kidney Disease
- ☐ Hematuria (Blood in urine)
- ☐ Amyloidosis

ENT

- ☐ Hearing loss
- ☐ Wax impaction

Endocrine

- ☐ Pituitary Disease
- ☐ Hyperthyroidism (High Thyroid)
- ☐ Hypothyroidism (Low Thyroid)
- ☐ Hypercortisolism (Cushing's Dis.)
- ☐ Hypocortisolism (Addison's Dis.)
- ☐ Hyperparathyroidism
- ☐ Hypoparathyroidism
- ☐ Vitamin D deficiency
- ☐ Vitamin B deficiency
- ☐ Osteoporosis/Osteopenia
- ☐ Diabetes Mellitus

Urogenital

- ☐ Impotence
- ☐ Urinary Incontinence
- ☐ Menstrual abnormalities
- ☐ Uterine Fibroids

Rheumatology

- ☐ Rheumatoid Arthritis
- ☐ Osteoarthritis
- ☐ Gout
- ☐ Lupus
- ☐ Sjogren's Disease
- ☐ Takayasu's Arteritis
- ☐ Temporal Arteritis
- ☐ Polymyalgia Rheumatica
- ☐ Fibromyalgia

Neurology

- ☐ Seizure Disorder
- ☐ Stroke/TIA
- ☐ Peripheral Neuropathy
- ☐ Guillian-Barre
- ☐ Myasthenia Gravis
- ☐ Bell Palsy
- ☐ Headache/Migraines
- ☐ Parkinson's Disease
- ☐ Essential Tremor
- ☐ Restless Legs Syndrome
- ☐ Dementia
- ☐ Multiple Sclerosis

Dermatology

- ☐ Acne
- ☐ Eczema
- ☐ psoriasis
- ☐ melanoma
- ☐ Skin Cancer (SCC/BCC)
- ☐ Skin Infections (Cellulitis)
- ☐ Allopecia (Hair Loss)

Infections

- ☐ Meningitis/Encephalitis
- ☐ Sinusitis
- ☐ Bronchitis/Pneumonia
- ☐ Urinary Bladder Infection
- ☐ Sexually Transmitted Dis.
- ☐ Bone Infection (Osteomyelitis)

Ophthalmology

- ☐ Cataracts
- ☐ Glaucoma

Hemotology

- ☐ Anemia
- ☐ Sickle Cell
- ☐ ITP/TTP (blood disease)
- ☐ Hemophilia
- ☐ Polycythemia Vera
- ☐ Essential Thrombocytosis
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Multiple Myeloma
- ☐ Cancer (specify_____

Mental Health

- ☐ Depression
- ☐ Anxiety
- ☐ Bipolar Disorder

☐ Other_____

REVIEW OF SYSTEMS

Please Mark & Circle All That Applies

Constitutional Symptoms

- ☐ Fever/chills
- ☐ Fatigue/Lack of Energy

Eye Symptoms

- ☐ Double Vision/Blurry Vision
- ☐ Eye discharge
- ☐ Redness/itching
- ☐ Eye dryness

Ear Symptoms

- ☐ Hearing loss
- ☐ Ringing in ears (tinnitus)
- ☐ Pain/congestion
- ☐ Discharge/bleeding

Nasal Symptoms

- ☐ Runny nose/Stuffiness
- ☐ Sneezing/itching
- ☐ Bleeding

Mouth/Throat Symptoms

- ☐ Oral ulcers
- ☐ Bleeding gums
- ☐ Throat pain
- ☐ Difficulty swallowing

Cardiovascular Symptoms

- ☐ Chest pain/chest pressure
- ☐ Palpitations
- ☐ Shortness of breath
- ☐ Swelling in legs

Respiratory Symptoms

- ☐ Cough
- ☐ Phlegm
- ☐ Coughing up blood (hemoptysis)
- ☐ Wheezing

Gastrointestinal Symptoms

- ☐ Nausea/Vomiting
- ☐ Heartburn
- ☐ Abdominal pain/gas/bloating
- ☐ Diarrhea/constipation
- ☐ Blood in stool
- ☐ Hemorrhoids

Urinary/Renal Symptoms

- ☐ Urinary incontinence
- ☐ Frequent urination
- ☐ Blood in Urine (hematuria)
- ☐ Foamy urine
- ☐ Pain or Burning with Urination
- ☐ Kidney stones

Genital Symptoms

- ☐ impotence (males)
- ☐ genital discharge/pain
- ☐ abnormal bleeding
- ☐ genital ulcers

Mosculosceletal Symptoms

- ☐ Joint pain/stiffness
- ☐ Muscle pain/stiffness

Skin Symptoms

- ☐ Skin Rash/itching
- ☐ Ulcers/moles

Neurologic Symptoms

- ☐ Lack of balance/falling
- ☐ Headache
- ☐ Seizures
- ☐ Numbness/tingling
- ☐ Loss of consciousness
- ☐ Muscle weakness
- ☐ Memory Loss

Psychiatric Symptoms

- ☐ Depression
- ☐ Anxiety
- ☐ Insomnia

Endocrine Symptoms

- ☐ Heat or cold sensitivity

Hematologic Symptoms

- ☐ Easy bleeding/bruising
- ☐ Blood clots

☐ Other_____