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Allergies:

	YES	No	List any medical allergies
X-Ray Contrast			
Latex			
Medications			

Past Family History:

Mother: Alive ___ Deceased ___
Cause of death or health problems: _____

Father: Alive ___ Deceased ___
Cause of death or health problems: _____

Brothers: Alive ___ Deceased ___
Cause of death or health problems: _____

Sisters: Alive ___ Deceased ___
Cause of death or health problems: _____

Past Social History:

Birth place: _____

Place of residence: _____

Marital status: _____

Number of children: _____

Do you or have you ever smoked? _____

How many years did you smoke? _____

How many packs per day? _____

When did you quit smoking? _____

Do you drink alcohol? _____

How many drinks per week? _____

Do you use any other substances? _____

Occupation and occupational exposures: _____

Pets and animal exposures: _____

Travel history in past 6 months: _____

Immunization Status

	Yes	No	Date
Flu Vaccine			
Pneumonia Vaccine			
Shingles Vaccine			

DOCTORS USE ONLY

Constitutional:

Head, Ears, Nose, Mouth and Throat:

Neck:

Lymph node exam:

Skin:

Respiratory:

Cardiovascular:

Gastrointestinal:

Musculoskeletal:

Extremities:

Neuro/Psychiatric:

PLAN:

Review of systems:

Please check all that apply

Constitutional:

- fevers
- chills
- weight loss/ weight gain
- night sweats

Skin:

- rashes
- lesions
- ulcers
- jaundice/ discoloration

Eyes:

- dry eyes
- double vision
- visual loss

Head, Ears, Nose, Mouth and Throat:

- headaches
- dizziness
- lightheadedness or vertigo
- sore throat
- thrush
- hoarseness of voice
- nasal discharge
- nasal polyps
- nasal obstruction
- nasal epistaxis
- sinus congestion

Respiratory:

- shortness of breath
- Asthma
- Emphysema
- Bronchitis
- Valley Fever
- Cough
- COPD

- Coughing of blood
- Pneumonia
- Wheezing
- TB
- Sputum Production
- Snoring

Lymphatic:

- lymph node enlargement

Cardiovascular:

- palpitations
- irregular heart beats
- chest pain
- Hypertension
- Heart attack or M.I.

Gastrointestinal:

- heartburn (GERD)
- nausea
- vomiting
- abdominal pain
- Hematemesis (blood in vomit)
- Hematochezia (blood in stool)

Musculoskeletal:

- color changes to fingers (Raynauds)
- muscle pains
- joint pains
- leg swelling

Genitourinary:

- Hematuria (blood in urine)
- Dysuria (painful urination)
- genital discharge

Neurologic:

- difficulty with ambulation
- numbness
- difficulty with speech
- new onset seizures

Psychiatric:

- Anxiety
- Depression