

Patient Name: _____ DOB: _____ Date: _____

Referring Physician: _____ Reason for Visit: _____

Location: _____ Severity (Scale 1-10) _____ Duration (How long) _____ Timing (When it occurs) _____

CURRENT SYMPTOMS

Please check any of the following that you are experiencing now

General

- Fainting
- Dizziness
- Fever
- Weakness
- Feeling tired

Skin

- Itching Skin
- Rash on Skin

Head, Ears, Eyes, Nose & Throat

- Blurry vision
- Worsening vision
- Ringing in the ears
- Loss of hearing
- Hoarseness
- Sore throat

Respiratory

- Cough
- Bloody sputum
- Difficulty breathing
- Wheezing

Cardiovascular

- Chest pain or discomfort with or without exertion
- Irregular heartbeat
- Leg pain when walking
- Swelling of extremities

Gastroenterology

- Abdominal pain
- Belching
- Bloating
- Bloody stool
- Change in bowel habits
- Constipation
- Diarrhea
- Difficulty swallowing
- Gas
- Heartburn
- Hemorrhoids
- Nausea
- Rectal pain
- Vomiting
- Vomiting blood
- Vomiting coffee ground appearance
- Appetite loss
- Weight loss _____ lbs.

Urinary Tract

- Blood in urine
- Burning upon urination
- Urinating frequently
- Delay/difficulty urinating
- Urgent need to urinate
- Loss of control of urination

Musculoskeletal

- Back pain
- Joint pain
- Muscle pain

Neurological

- Headaches
- Numbness
- Weakness
- Confusion

Psychiatric

- Anxiety
- Disorientation
- Depression
- Sleep disturbance
- Memory loss

Endocrine

- Cold intolerance
- Excessive thirst
- Heat intolerance
- Excessive urination

Hematology

- Easy bruising
- Enlarged lymph nodes

Male Conditions

- Prostate problems
- Impotence

Female Conditions

- Menstrual problems
- Abnormal vaginal bleeding
- Menopausal symptoms
- Breast lumps
- Breast discharge

Family History

*Please list family member

- Heart disease _____
- Hepatitis _____
- Bleeding disorder _____
- Peptic ulcer disease _____
- Pancreatic disease _____
- Irritable bowel syndrome _____

- Colon polyps _____
- Colitis _____
- Colon cancer _____
- Crohn's disease _____

NONE OF THE ABOVE

Personal History

- Anemia
- Barrett's esophagus
- Celiac disease or sprue
- Colitis
- Colon cancer
- Colon polyps
- Constipation
- Crohn's disease
- Diarrhea
- Diverticulitis
- Fatty liver
- Gallbladder problems
- Gastric ulcer
- Gastritis
- Gastroesophageal reflux disease
- Helicobacter pylori
- Hemorrhoids
- Hepatitis
- Hiatal hernia
- Irritable bowel syndrome
- Ischemic colitis
- Pancreatitis
- Peptic ulcer
- Ulcerative colitis
- Allergic rhinitis
- Anemia
- Anxiety/Depression
- Arthritis
- Asthma
- Bleeding disorder
- Blood clots
- Breast cancer
- Cancer
- Chronic renal failure syndrome
- Congestive heart failure
- COPD

- Coronary artery disease
- Diabetes mellitus
- Dialysis
- Emphysema of lung
- Fibromyalgia
- Glaucoma
- Gout
- Grave's disease
- Heart failure
- Hereditary disease
- High blood pressure
- Hospitalizations
- Date: _____
- Reasons: _____
- Hypercholesterolemia
- Hyperlipidemia
- Inguinal hernia
- Lactose intolerance
- Liver cancer
- Lung cancer
- Lymphoma
- Migraine headaches
- Prostate cancer
- Schizophrenia
- Seizure Disorder
- Sexually transmitted disease
- Sinusitis
- Sleep apnea
- Stroke
- Transplantation: Liver
- Transplantation: Lung
- Transplantation: Renal
- Valvular heart disease

NONE OF THE ABOVE

Social History:

Tobacco:

- Cigarettes: _____ day
- Cigars: _____ day
- Snuff: _____ day
- Chew: _____ day
- Recently quit _____

Alcohol:

Type: _____

Amount _____

Years: _____

Illicit Drug Use: _____ Yes _____ No

Type: _____