PATIENT DEMOGRAPHICS

Full Name: Brandon Johnson

Date of Birth (YYYY-MM-DD): 1990-02-02

Sex/Gender:

Address:

Phone Number: 502-123-2222

Email:

EMERGENCY CONTACT & PCP

EC Name:

EC Phone:

Primary Care Physician:

VISIT DETAILS

Reason for visit: Stomach ache

Duration of concern:

Symptoms description:

MEDICAL HISTORY & MEDICATIONS

Pre■existing conditions:

Surgeries / Hospitalizations:

Serious injuries or accidents: Fell off a bike when I was little

Current prescriptions: name='Prednisone' dosage='10 mg' schedule='twice a day'

Supplements:

Alternative medicine:

Medication allergies:

Food allergies:

Nuts

Environmental allergies:

Infectious diseases:

FAMILY HISTORY

Heart disease ☐
Diabetes ☐
High blood pressure ☐
Stroke ☐
Mental health conditions ☐
Cancer (type):

Other:

RECENT EXAMS & VACCINATIONS

Last physical exam:

Last blood test:

Last major vaccination:

LIFESTYLE

Smoke tobacco ☐
Tobacco quantity/day:

Tobacco duration (yrs):

Drink alcohol ☐
Drinks per week:

Use recreational drugs ☐

Drug type & frequency:

Exercise habits:

Diet description:

WOMEN'S HEALTH

Last menstrual period:

Pregnant or possibly pregnant ☐

Last mammogram / Pap smear:

REVIEW OF SYSTEMS

Fever or chills ☐
Fatigue or weakness ☐
Weight loss or gain ☐
Chest pain ☐
Shortness of breath ☐
Cough ☐
Headache ☐
Vision changes ☐
Hearing changes ☐
Abdominal pain ☐
Nausea or vomiting ☐
Joint pain ☐
Skin rashes ☐
Dizziness or fainting ☐
Mood changes ☐
Other symptoms:

ADDITIONAL COMMENTS & RED FLAGS

Additional comments:

Red flags for MD review:

SIGNATURE

Signature:

Signature Date (YYYY-MM-DD):