

Any other Medical Problems that YOU have:

Surgeries/Hospitalization/s: (List What & Year)

Preventative Care/Immunizations: Please list Most Recent: Physical Exam:_____

Dental Exam: _____ Eye Exam:_____ Labwork:_____ Colonoscopy:_____

Dexa Scan:_____ Prostate Exam:_____ Mammogram:_____ Pap Smear:_____

Flu Shot:_____ Pneumonia Shot:_____ Tetanus Shot:_____ Zoster (Shingles):_____

Hepatitis B: _____ Hepatitis A:_____ HPV:_____

Females: Pregnant? ☐ Yes ☐ No Age of First Period?_____ Regular periods? ☐ Yes ☐ No

of: Pregnancies: ____ Live births: ____ Miscarriages: ____ Abortions: ____ Living children: _____

Date of Last Menstrual Period: _____ Current Form of Birth Control: _____

Current Medications: Include Prescription and Non-Prescription, Inhalers, Vitamins, Etc.

Medication: Strength/Times Per Day: For What: Prescribed By:

Pharmacy: _____

Allergies to Medications: ____ None

Med/Reaction: 1 _____ 2 _____

Review of Systems: *Please circle any of the symptoms you are currently experiencing:*

General:

Fever/Chills
Decreased Energy
Change in Appetite
Night Sweats
Loss/Gain 10 lbs or more

Eyes/Ears/Nose/Throat:

Vision/Hearing Changes
Ear/Eye Pain
Ringing in ears
Nose Bleeds
Sinus Problems
Sore Throat
Hoarseness

Heart:

Chest Pain
Irregular Heart Beat
Heart Murmur
Swelling in legs, feet
Poor Circulation

Respiratory:

Shortness of Breath
Wheezing
Coughing
Tuberculosis Exposure

Gastrointestinal:

Frequent Heartburn
Difficulty Swallowing
Abdominal Pain
Nausea/Vomiting
Diarrhea
Constipation
Blood in Bowel Movements

Genitourinary:

Blood in Urine
Foul Odor
Burning when urinating
Increased Urinary frequency
Frequent Infections
MALES: Hesitancy

Gynecologic (FEMALES):

Pain with intercourse
Pain with periods

Skin:

Hair Loss
Sores/Ulcers
Itching
Nail Changes
Color Changes
Rashes
Excessive Dryness
Changes in Moles/Growths

Musculoskeletal:

Neck/Back Pain
Broken Bones
Osteoporosis
Muscle Weakness
Swollen Joints
Joint Pain/Ache
Frequent Leg cramps
Breast Pain (Males & Females)

Endocrine:

Heat/Cold Intolerance
Increased Thirst
Excess Sweating

Neurological:

Numbness
Weakness
Headaches
Dizziness/Vertigo
Loss of Balance
Paralysis
Seizures
Tremors

Heme/Lymphatic:

Easy Bruising
Blood Clots
Swollen Lymph Nodes

Allergic/Immunologic:

Hayfever (Seasonal Allergy)
Hepatitis B C D
HIV Positive
Positive TB / PPD
Frequent Infections

Psychiatric:

Depression
Anxiety
Insomnia
Hallucinations
Alcohol/Drug Dependence
Suicidal Thoughts

Functional:

Incontinence of Bladder or Bowel
Assistance needed for daily care
Dependent upon others for transportation