

NAME \_\_\_\_\_ Occupation \_\_\_\_\_

**REASON FOR YOUR VISIT** \_\_\_\_\_

**PRIOR SERIOUS ILLNESS/MEDICAL CONDITIONS**

1. \_\_\_\_\_ 2. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_
3. \_\_\_\_\_ 5. \_\_\_\_\_

**HOSPITALIZATIONS/ SURGERY (give date and reason):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**FAMILY HISTORY:** \_\_\_\_\_

Currently smoke? Y/N \_\_\_\_\_ (packs/day) \_\_\_\_\_ Quit smoking?(when) \_\_\_\_\_

Started smoking year \_\_\_\_\_

Alcohol (drinks/day) \_\_\_\_\_ Recreational Drugs \_\_\_\_\_

**Current MEDICATIONS/ DOSE**

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

**ALLERGIES TO MEDICATIONS:** \_\_\_\_\_

**TYPE OF REACTION:** \_\_\_\_\_

**REVIEW OF SYSTEMS ( check all that apply):**

**1.General:**

- Weight loss
- Weakness/ Fatigue
- Fever/ Night sweats
- Delusions/Hallucinations

**2.Eyes:**

- Dryness/Redness
- Blurred/Double Vision
- Glaucoma

**3. Heart and Circulation:**

- Chest Pain
- Irregular Heart Beats
- Heart Murmur
- Leg Swelling
- High Blood Pressure
- Rheumatic Fever

**4. Lungs:**

- Shortness of Breath

date

**5. Stomach and intestines:**

- Nausea/Vomiting/Diarrhea
- Heartburn/Reflux
- Jaundice/Hepatitis
- Black Stools
- Spitting up blood

**6. Kidney and Genitals:**

- Pain/Burning in Urination
- Bloody/Cloudy Urine
- Penile/Vaginal Discharge

Genital Rash/ Ulcers

Venereal Disease

Kidney Stones

**7. Muscles and Joints:**

- Muscle Weakness/Pain
- Arthritis/Gout

**8. Skin and Glands:**

- Dryness
- Rash
- Growths/Discoloration
- Swollen Glands

**9. Neurological:**

- Headache
- Numbness/Weakness

Neuralgia

Off Balance/Dizziness

seizure

Stroke

Bell's Palsy

**10.Psychiatric**

- Anxiety
- Depression

Medications

**11. Hormones:**

- Thyroid Disorder
- Diabetes ("sugar")
- Irregular menses

**12. Blood:**

- Easy Bruising
- Anemia

**13. Immune System:**

- Frequent infections
- Positive HIV test

**14. H Child:**

Immunization not up to

Feeding Difficulties

Developmental issues  
(explain in detail)

The information is to the best of my Knowledge accurate and complete

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Reviewed and update PHYSICIAN SIGNATURE \_\_\_\_\_