



TODAY'S DATE _____

PATIENT NAME _____ DOB _____

Reason for Visit _____

ALLERGIES

Drug Allergies:

Drug	Reaction
_____	_____
_____	_____

Other Allergies:

MEDICATIONS

Name and Dose	How Often
_____	_____
_____	_____
_____	_____
_____	_____

PAST MEDICAL HISTORY

Describe

- _____ Neurological (Brain or Nerve Problems) _____
- _____ Eye or Vision Problems _____
- _____ Ear or Hearing Problems _____
- _____ Sinus or Nose _____
- _____ Respiratory Disease _____
- _____ Heart Problems/Hypertension _____
- _____ Gastrointestinal Disease _____
- _____ Cancer _____
- _____ Bleeding or Clotting Problems _____
- _____ Kidney Trouble _____
- _____ Diabetes _____
- _____ Other _____

OVER

PAST SURGERIES/HOSPITALIZATIONS

Surgery/Hospitalization	Date	Where/Surgeon
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST ANY PERTINENT FAMILY HISTORY _____

REVIEW OF SYSTEMS

Circle all that Apply:

General: weight gain/loss weakness fatigue loss of appetite fever breastfeeding

Vision/Eye: glaucoma eye surgery vision loss tearing eye irritation blurred vision

ENT: hearing loss ear surgery tubes inner ear disorder dizziness ear pain

colds/sinusitis nasal obstruction nosebleeds snoring ear ringing ear drainage sore throat

Allergy: runny nose itchy eyes scratchy throat hives hayfever stuffy nose seasonal anaphylaxis

Respiratory: asthma breathing difficulty sleep apnea cough shortness of breath bronchitis pneumonia wheezing hoarseness other lung disease

Cardiac: hypertension chest pain swelling in legs (edema) heart murmur palpitations

GI: swallowing trouble oral lesions ulcers/gastritis pancreatitis liver disease heartburn nausea/vomiting
diarrhea constipation rectal bleeding

Urinary: kidney disease blood in urine frequent urination frequent urinary infections prostatitis bedwetting

Gynecological (Female): difficult pregnancy gestational diabetes heavy menstrual bleeding

Endocrine (Glands/Hormones): thyroid problems diabetes pituitary problems temperature intolerance sleep disturbance

Hematological (Blood): easy bleeding blood clot bruising anemia

Skin: rash skin cancer acne sensitive skin dry skin

Musculoskeletal: fracture fibromyalgia arthritis weakness cramping numbness/tingling back pain
joint pain joint swelling

Neurological: stroke traumatic head injury seizures headaches/migraine dizziness memory loss
depression schizophrenia mental retardation anxiety bipolar disorder ADD/ADHD

Other _____