Confidential

Patient Name		Tod	lay's Date
Age Birthdate _	Dat		*
What is your reason for visit?			
THE RESERVE OF THE PARTY OF THE	Carm	ntama	
	– sym	ptoms –	
	Check (\checkmark) conditions you current	tly have or have had in the past y	ear.
GENERAL	GASTROINTESTINAL	EYE, EAR, NOSE, THROAT	MEN only
Chills	Appetite poor	Bleeding gums	☐ Breast lump
☐ Depression	☐ Bloating	☐ Blurred vision	Erection difficulties
☐ Dizziness☐ Fainting	☐ Bowel changes☐ Constipation	Crossed eyes	Lump in testicles
Fever	☐ Diarrhea	☐ Difficulty swallowing ☐ Double vision	☐ Penis discharge☐ Sore on penis
☐ Forgetfulness	Excessive hunger	☐ Earache	Other
☐ Headache	☐ Excessive thirst	☐ Ear discharge	
Loss of sleep	☐ Gas	☐ Hay fever	WOMEN only
Loss of weight	Hemorrhoids	Hoarseness	Abnormal Pap Smear
☐ Nervousness☐ Numbness	☐ Indigestion ☐ Nausea	Loss of hearing	☐ Bleeding between periods☐ Breast lump
☐ Sweats	Rectal bleeding	☐ Nosebleeds☐ Persistent cough	Extreme menstrual pain
_ Sweets	Stomach pain	☐ Ringing in ears	Hot flashes
MUSCLE/JOINT/BONE	☐ Vomiting	☐ Sinus problems	☐ Nipple discharge
Pain, weakness, numbness in:	☐ Vomiting blood	☐ Vision – Flashes	☐ Painful intercourse
☐ Arms ☐ Hips	GARRAGA GOVERNO	☐ Vision – Halos	☐ Vaginal discharge
☐ Back ☐ Legs ☐ Neck	CARDIOVASCULAR Chest pain	CIVINI	Other
☐ Hands ☐ Shoulders	☐ High blood pressure	SKIN Bruise easily	Date of last menstrual period
	☐ Irregular heart beat	☐ Hives	Date of last
GENITO-URINARY	☐ Low blood pressure	☐ Itching	Pap Smear
☐ Blood in urine	Poor circulation	Change in moles	Have you had
Frequent urination	Rapid heart beat	Rash	a mammogram?
☐ Lack of bladder control☐ Painful urination	☐ Swelling of ankles☐ Varicose veins	☐ Scars ☐ Sore that won't heal	Are you pregnant? Number of children
Homester and an article of the second	Turicose venis	Sofe that won't near	Number of children
	– Cond	litions –	
	Check (✓) conditions you current	tly have or have had in the past y	ear.
□ AIDS	☐ Chemical Dependency	☐ High Cholesterol	☐ Prostate Problem
☐ Alcoholism	Chicken Pox	☐ HIV Positive	☐ Psychiatric Care
☐ Anemia	☐ Diabetes	☐ Kidney Disease	☐ Rheumatic Fever
Anorexia	Emphysema	Liver Disease	☐ Scarlet Fever
Appendicitis	☐ Epilepsy	☐ Measles	Stroke
☐ Arthritis ☐ Asthma	☐ Glaucoma ☐ Goiter	☐ Migraine Headaches☐ Miscarriage	☐ Suicide Attempt☐ Thyroid Problems
☐ Bleeding Disorders	Gonorrhea	☐ Mononucleosis	☐ Tonsillitis
☐ Breast Lump	Gout	☐ Multiple Sclerosis	☐ Tuberculosis
☐ Bronchitis	☐ Heart Disease	☐ Mumps	☐ Typhoid Fever
Bulimia	☐ Hepatitis	Pacemaker	Ulcers
☐ Cancer ☐ Cataracts	☐ Hernia	☐ Pneumonia	☐ Vaginal Infections
L. Cataracts	Herpes	☐ Polio	☐ Venereal Disease
– Medications	— List medications you ar	e currently taking	– Allergies –
Picutcuttons	dist incurcations you ar	contents taking.	niterytes =
		<u> </u>	
Pharmacy Name	Phone		

– Health History –

Father Mother	elation	Age	State of Health	Age at Death	Cause of Death	Check (Check (✔) if, your blood relatives had any of the following: Disease Relationship to you				
Brothers Cancer Chemical Dependency Diabetes Diabetes Heart Disease, Strokes	ather					1				-	
Chemical Dependency Diabetes Heart Disease, Strokes High Blood Pressure Kidney Disease Tuberculosis Other - Hospitalizations — Fregnancies Wear Hospital Reason for Hospitalization and Outcome - Hospitalizations — Fregnancies - Pregnancies - Pregnancies - Pregnancies - Pregnancies - Gerid Complications if a Complication if a Com	lother					1	Asthma,	Hay Fever			
Sisters Diabetes Heart Disease, Strokes	others						Cancer				
Sisters Heart Disease High Blood Pressure							Chemica	l Depender	ncy		
Sisters High Blood Pressure Kidney Disease Tuberculosis Other - Hospitalizations - Pregnancies - Year of Birth Birth Complications if a series Pressure P					Diabete		Diabetes	es			
Reason for Hospitalizations - Pregnancies -							Heart Di	sease, Stro	kes		
Tuberculosis Other - Hospitalizations - Year Hospital Reason for Hospitalization and Outcome Pregnancies - Year of Sex of Birth Birth Complications if a	Sisters				1	———— High Blo	od Pressur	re			
Pregnancies - Pregnancies				1	Kidney D	isease					
- Hospitalizations - Year Hospital Reason for Hospitalization and Outcome Pregnancies - Year of Birth Sex of Birth Complications if a							Tubercul	osis			
Thospitalizations — Year Hospital Reason for Hospitalization and Outcome Year Hospital Reason for Hospitalization and Outcome Sex of Birth Complications if a							Other				
Near Hospital Reason for Hospitalization and Outcome	梅里	dina	36. 19		生活。	SALES!		Sal.	M.	13	629
- Health Habits Check (*) which you use and how you use.			- Ha	ospita	lizations –		-		- Preg	nar	icies –
Check (/) which you use and how you use. Caffeine Tobacco Street Drugs Other Serious Illness/Injuries Date Outcome - Occupational - Check (/) if your work exposes you Stress Hazardous Substance Heavy Lifting Other Occupation	ear	Н	ospital		Reason for Hospitalizati	on and Outcor	me	Year of Birth	Sex of Birth	Compl	ications if any
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Serious Illness/Injuries Date Outcome - Occupational - Check () if your work exposes you Stress Hazardous Substance Heavy Lifting Other Occupation					☐ Yes	□ No	a.		Street Dri	ugs	
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Date

Reviewed By

– Family History –