

Date of Appointment: _____

Name: _____ Gender: _____ Age: _____

Reason for visit

What *brings* you to the office today?

Who referred you?

Who's your primary doctor?

Allergies

Do you have any allergies?

Name Reaction

Current Medications

Are you currently taking any blood thinners?

Yes No

What medications are you currently taking?

Name

Name

Name

Name

Name

Name

Past Medical History (Please circle)

- Allergic rhinitis Heartburn
Anemia High blood pressure (hypertension)
Asthma High cholesterol
Atrial fibrillation Hypothyroid
Cancer Mitral valve disorder
Circulatory system disorder Obstructive sleep apnea
Depression Sinusitis
Diabetes Stroke
Headache Other
Hearing Loss

Hospitalizations & Surgeries

1. Reason Date

2. Reason Date

3. Reason Date

Family History (Please circle)

- Allergic rhinitis Heartburn
Anemia High blood pressure (hypertension)
Asthma High cholesterol
Atrial fibrillation Hypothyroid
Cancer Mitral valve disorder
Circulatory system disorder Obstructive sleep apnea
Depression Sinusitis
Diabetes Stroke
Headache Other
Hearing Loss

Women Only

Are you pregnant?

Yes No

Have you ever smoked?

Yes No # of years

Do you smoke now?

Yes No # packs/day

How much alcohol do you drink per week? # drinks/week

Do you live?

alone with spouse with children with friends

Review of System (Please circle)

General: fevers, fatigue, sleep problems, weight gain, weight loss, speech delay

Eyes: eye pain, vision loss, excessive tears, irritation

Ears / Nose / Throat: ear pain or discharge, tinnitus, decreased hearing, nasal obstruction or discharge, nosebleeds, sore throat, hoarseness, dysphagia, snoring, sleep apnea, dizziness

Cardiovascular: chest pains, palpitations, dyspnea on exertion

Respiratory: cough, excessive sputum, hemoptysis, wheezing

Gastrointestinal: nausea, vomiting, diarrhea

Genitourinary: dysuria, nocturia, hematuria

Musculoskeletal: back pain, joint pain, muscle cramps

Skin: rash, itching, ulcers/growths, excess scarring, bleeding problem, suspicious lesions

Neurologic: headache, weakness, paresthesias, seizures, syncope, tremors

Psychiatric: depression, memory loss, mental disturbance, suicidal ideation, hallucinations

Endocrine: cold intolerance, heat intolerance, polydipsia, polyuria

Heme / Lymphatic: abnormal bruising, bleeding, enlarged lymph nodes

Allergic / Immunologic: urticaria, hay fever, persistent infections, HIV exposure

Height:

Weight: