

PATIENT INFORM	ATION										
Patient Name (Last, First, Middle)		MRN	SSN#			Birthdate	Birthdate		Language		Sex
Address City, State		City, State, Zip	ate, Zip			Referring Physician			Secondary Address		Ethnicity
Home Phone	Day Phone	Email Address		Prir		Care Prov City		State Zip			Race
Marital Status	Smoker (Y/N?) Veteran (Y/N?)			Emergency Contact Name			1	Contact Phone Hor			ne Phone
Primary Employer &	Occupation			Secondary Employer (If Applicable)							
Address				Address							
City, State, Zip				City, State, Zip							
RESPONSIBLE PAR	TY INFORMATION	(If different that	n above)								
Name (Last, First, M		(ii diiiei eiit tiidi	SSN#			Birthdate	Language		uage		Sex
Address			City, St	tate,	Zip	l		Secondary Address			
Home Phone	Day Phone		Email A	ail Address			City, State, Zip				
Marital Status	Veteran (Y/N?)	Primary Care	Physician	า			Home Phone				
Relationship to Patie	ent										
PRIMARY INSURA	NCF										
Name of Insurance (Policy #				
Name of Insured							Group #				
Address of Insurance Company					Copay Amt \$						
City, State, Zip Phone						Deductible \$					
Relationship to Patient						Effective Date Expiration Date		Date			
SECONDARY INSU	RANCE (If applicat	ole)									
Name of Insurance Company						Policy #	#				
Name of Insured						Group	#				
Address of Insurance Company							Copay	Amt	\$		
City, State, Zip Phone				ne			Deductible \$				
Relationship to Patient					Effectiv	e Date		Expiration [Date		



Patient Medical History/Conditions

(Please check all that apply)

Patient Name:	
Medical Record #:	
Date:	

Allergies:	Reason For Visit	Past Surgical History
None Penicillin Sulfa Drugs IVP Dye Foods: Other: Medications:	Past Medical History: Allergies Anemia Angina Anxiety Arthritis Asthma Atrial Fibrillation Benign Prostatic Hypertrophy Blood Clots Cancer (type) CVA (stroke) COPD Coronary Artery Disease Crohn's Disease Depression Diabetes Gallbladder Disease GERD Hepatitis C Hyperlipidemia	Angioplasty Angioplasty with stent Appendectomy Arthroscopy knee Back Surgery CABG (Heart Bypass) Carpal Tunnel Release Cataract Extraction Cholecystectomy (Gall Bladder) Colectomy Colostomy Gastric Bypass Hernia Repair Hip Replacement Knee Replacement Lasik Liver Biopsy ORIF Pacemaker Small Bowel Resection Thyroidectomy Other: Gender Specific: Prostate Biopsy
Preferred Pharmacy: Name City	☐ Gallbladder Disease☐ GERD☐ Hepatitis C	☐ Tonsillectomy ☐ Other: Gender Specific:



<u>Family History</u>	Patient Name:				
(Please check all that apply)	Medical Record #:				
	Date:				
□ ADD/ADHD	☐ Hearing Deficiency				
☐ Alcoholism	☐ Hyperlipidemia				
☐ Allergies	☐ Hypertension				
☐ Alzheimer's Disease	☐ Irritable Bowel Disease				
☐ Asthma	☐ Learning Disability				
☐ Blood Disease	☐ Mental Illness				
☐ Coronary Artery Disease	☐ Migraines				
☐ Breast Cancer	☐ Obesity				
□ Colon Cancer	☐ Osteoarthritis				
□ CVA (stroke)	☐ Osteoporosis				
□ Depression	□ PVD				
☐ Developmental Delay	☐ Renal Disease				
☐ Diabetes	☐ Seizure Disorder				
□ Eczema	☐ Thyroid Disorder				
Social History					
<u>Jocial History</u>					
Tobacco Use: Current Former New	ver				
☐ Type: Packs/cans per day:	Years used:				
☐ Former : Year quit					
Alcohol Use: Yes No Former					
If we have deignle all that and A.	If we France and simple and				
If yes, type (circle all that apply):	If yes, Frequency (circle one):				
Beer Wine	Socially Daily Weekly Rarely				
Hard liquor	Weekly Kalely				
riara ilquoi					
<u>Caffeine Use:</u> Yes No					
If yes, type (circle all that apply):	If yes, amount per day (circle one):				
Coffee/Tea	1-2 servings 2-4 servings				
Chocolate	Greater than 4 servings				
Soda (soft drinks)					
Occumations					
Occupation: Sexually active? Yes No New partners?	 Yes No				
JEAUGHY ALLIVE: 1E3 INU INEW DAILHEIS!	I CO INU				



Patient Review of Systems

(Please check all that apply)

Patient Name:	
Medical Record #:	
Date:	

Constitutional: Chills			1						
Fatigue Claudication Penile discharge Depression Insomnia	Constitutional:		Cardiovascular:		Repi	oductive (Male)	Psychiatric:		
Fever		Chills		Chest Pain		Erectile dysfunction		Anxiety	
Malaise Palpitations Reproductive (Female): Contact allergy Hives Contact allergy Hives Hives		Fatigue		Claudication		Penile discharge		Depression	
Night Sweats Weight Gain Gastrointestinal: Abdominal Pain Breast Discharge Hives Hives Itching HEENT: Change in bowel habits Painful Menses Mole changes Mole changes Heartburn Painful Merses Rash Skin lesion Painful Intercourse Rash Skin lesion Mole changes Musculoskeletal Painful Menses Breast Discharge Breast Lump Heartburn Mole changes Rash Mole changes Mole		Fever		Edema		Sexual dysfunction		Insomnia	
Weight Gain Weight Loss Abdominal Pain Breast Discharge Hives Heat Interourse Heat Intolerance H		Malaise		Palpitations					
Weight Loss		Night Sweats			Rep	oductive (Female):	Inte	gumentary:	
Blood in Stool Breast Lump Itching Mole changes Bar Pain Constipation Painful Intercourse Rash Skin lesion Skin lesion Mole changes Rash Skin lesion Skin lesion Mole changes Rash Skin lesion Skin lesion Mole changes Rash Skin lesion Skin lesi		Weight Gain	Gasti	rointestinal:		Abnormal Pap		Contact allergy	
HEENT: Ear Drainage		Weight Loss		Abdominal Pain		Breast Discharge		Hives	
Ear Drainage habits Painful Intercourse Rash Skin lesion				Blood in Stool		Breast Lump		Itching	
Ear Pain	HEE	NT:		Change in bowel		Painful Menses		Mole changes	
Eye discharge		Ear Drainage		habits		Painful Intercourse		Rash	
Eye Pain		Ear Pain		Constipation		Hot Flashes		Skin lesion	
Hearing Loss Nausea Nausea Metabolic/Endocrine: Joint Pain Joint Swelling Joint Swelling Muscle weakness Muscle weakness		Eye discharge		Diarrhea		Irregular Menses			
Nasal Drainage Sinus Pressure Vomiting Brittle hair Joint Pain Joint swelling Muscle weakness Metabolic/Endocrine: Joint swelling Joint swelling Muscle weakness Metabolic/Endocrine: Joint swelling Joint swelling Muscle weakness Metabolic/Endocrine: Joint swelling Joint swelling Muscle weakness Metabolic/Endocrine: Joint Pain Joint Pain Joint Pain Joint swelling Muscle weakness Metabolic/Endocrine: Joint Pain Joint Pain Joint Swelling Muscle weakness Metabolic/Endocrine: Joint Pain Joint Swelling Muscle weakness Neck pain Muscle weakness Neck pain Muscle weakness Hematologic Easy Bleeding Easy Bleeding Easy Bruising Lymphadenopathy Lymphadenopathy Immunologic Environmental allergies Extremity numbness Food allergies Seasonal allergies Seas		Eye Pain		Heartburn		Vaginal Discharge	Mus	culoskeletal	
Sinus Pressure □ Vomiting □ Brittle hair □ Muscle weakness □ Visual changes □ Dribbling □ Cold intolerance □ Neck pain ■ Respiratory: □ Dysuria – painful urination □ Hair changes □ Easy Bleeding □ Cough □ Hematuria - Blood in Urine □ Polydipsia □ Lymphadenopathy □ Shortness of breath □ Nocturia – night time urination □ Polyphagia □ Lymphadenopathy □ Vrinary frequency □ Dizziness □ Environmental allergies □ Urinary □ Extremity numbness □ Food allergies □ Vrinary retention □ Headaches □ Memory Loss □ Seizures □ Seizures		Hearing Loss		Loss of appetite				Back Pain	
□ Sore Throat □ Dribbling □ Brittle hair □ Muscle weakness □ Respiratory: □ Dribbling □ Cold intolerance □ Neck pain □ Chronic cough □ Dysuria – painful urination □ Heat intolerance □ Easy Bleeding □ Cough □ Hematuria - Blood in Urine □ Polydipsia □ Lymphadenopathy □ Shortness of breath □ Nocturia – night time urination □ Polyphagia □ Lymphadenopathy □ Polyuria – Urgency □ Slow stream □ Dizziness □ Environmental allergies □ Urinary frequency □ Extremity numbness □ Food allergies □ Vrinary retention □ Gait disturbance □ Gait disturbance □ Muscle weakness □ Respiratory □ Polydipsia □ Lymphadenopathy Immunologic □ Environmental allergies □ Extremity weakness □ Food allergies □ Gait disturbance □ Gait disturbance □ Memory Loss □ Seasonal allergies		Nasal Drainage		Nausea	Met	abolic/Endocrine:		Joint Pain	
Visual changes		Sinus Pressure		Vomiting				Joint swelling	
Dribbling Cold intolerance Heat changes Hematologic Easy Bleeding Easy Bruising Lymphadenopathy Known TB exposure Shortness of breath Wheezing Polyuria – Urgency Slow stream Dizziness Extremity numbness Environmental allergies Food allergies Food allergies Seasonal		Sore Throat				Brittle hair		Muscle weakness	
Respiratory: Chronic cough Cough Known TB exposure Shortness of breath Wheezing Polyuria – Urgency Slow stream Urinary Incontinence Urinary retention Dysuria – painful urination Heat intolerance Hematologic Easy Bleeding Easy Bruising Lymphadenopathy Hematologic Easy Bruising Lymphadenopathy Hematologic Easy Bruising Lymphadenopathy Immunologic Environmental allergies Food allergies Seasonal allergies Gait disturbance Memory Loss Seizures		Visual changes	Geni	tourinary:		Brittle nails		Neck pain	
□ Chronic cough urination □ Heat intolerance □ Easy Bleeding □ Cough □ Hematuria - Blood □ Hirsutism □ Easy Bruising □ Nocturia – night □ Polydipsia □ Lymphadenopathy □ Wheezing □ Polyphagia Immunologic □ Polyphagia □ Immunologic □ Dizziness □ Dizziness □ Environmental allergies □ Urinary frequency □ Extremity numbness □ Food allergies □ Urinary retention □ Gait disturbance □ Seasonal allergies □ Memory Loss □ Seizures				Dribbling		Cold intolerance			
□ Cough □ Hematuria - Blood in Urine □ Polydipsia □ Lymphadenopathy □ Shortness of breath □ Nocturia – night time urination □ Polyphagia □ Immunologic □ Polyuria – Urgency □ Dizziness □ Environmental allergies □ Urinary frequency □ Extremity numbness □ Food allergies □ Urinary retention □ Gait disturbance □ Seasonal allergies □ Memory Loss □ Seizures	Resp	oiratory:		Dysuria – painful		Hair changes	Hem	natologic	
in Urine Shortness of breath Wheezing in Urine Polydipsia Polyphagia Immunologic Immunologic Environmental allergies Incontinence Urinary retention in Urine Polydipsia Dizziness Extremity numbness Extremity weakness Gait disturbance Headaches Memory Loss Seizures		Chronic cough		urination		Heat intolerance		Easy Bleeding	
Shortness of breath Nocturia − night time urination Polyphagia Polyuria − Urgency Neurological: Environmental allergies Urinary frequency Extremity numbness Food allergies Urinary Incontinence Gait disturbance Seasonal allergies Headaches Memory Loss Seizures Seizures		Cough		Hematuria - Blood		Hirsutism		Easy Bruising	
time urination Polyuria – Urgency Slow stream Urinary frequency Incontinence Urinary retention time urination Polyuria – Urgency Extremity numbness Extremity weakness Gait disturbance Headaches Memory Loss Seizures		Known TB exposure		in Urine		Polydipsia		Lymphadenopathy	
Polyuria – Urgency Slow stream Dizziness allergies Urinary frequency Extremity numbness Food allergies Urinary Extremity weakness Seasonal allergies Urinary retention Headaches Memory Loss Seizures		Shortness of breath		Nocturia – night		Polyphagia			
□ Slow stream □ Dizziness allergies □ Urinary frequency □ Extremity numbness □ Food allergies □ Urinary □ Extremity weakness □ Seasonal allergies □ Urinary retention □ Headaches □ Memory Loss □ Seizures □ Seizures		Wheezing		time urination			Imm	unologic	
□ Urinary frequency □ Extremity numbness □ Food allergies □ Urinary Incontinence □ Gait disturbance □ Headaches □ Urinary retention □ Memory Loss □ Seizures □ Seizures				Polyuria – Urgency	Neu	rological:			
□ Urinary □ Extremity weakness □ Seasonal allergies □ Incontinence □ Gait disturbance □ Urinary retention □ Headaches □ Memory Loss □ Seizures				Slow stream		Dizziness		-	
Incontinence Gait disturbance Urinary retention Headaches Memory Loss Seizures				Urinary frequency		Extremity numbness		Food allergies	
☐ Urinary retention ☐ Headaches ☐ Memory Loss ☐ Seizures				Urinary		Extremity weakness		Seasonal allergies	
☐ Memory Loss ☐ Seizures				Incontinence		Gait disturbance			
□ Seizures				Urinary retention		Headaches			
						Memory Loss			
☐ Tremors						Seizures			
						Tremors			

Date: _____ Patient Signature: _____