

Confidential

Patient Name _____ Today's Date _____

Age _____ Birthdate _____ Date of last physical examination _____

What is your reason for visit? _____

Symptoms

Check (✓) symptoms you currently have or have had in the past year.

GENERAL

- Chills, Depression, Dizziness, Fainting, Fever, Forgetfulness, Headache, Loss of sleep, Loss of weight, Nervousness, Numbness, Sweats

GASTROINTESTINAL

- Appetite poor, Bloating, Bowel changes, Constipation, Diarrhea, Excessive hunger, Excessive thirst, Gas, Hemorrhoids, Indigestion, Nausea, Rectal bleeding, Stomach pain, Vomiting, Vomiting blood

EYE, EAR, NOSE, THROAT

- Bleeding gums, Blurred vision, Crossed eyes, Difficulty swallowing, Double vision, Earache, Ear discharge, Hay fever, Hoarseness, Loss of hearing, Nosebleeds, Persistent cough, Ringing in ears, Sinus problems, Vision - Flashes, Vision - Halos

MEN only

- Breast lump, Erection difficulties, Lump in testicles, Penis discharge, Sore on penis, Other

WOMEN only

- Abnormal Pap Smear, Bleeding between periods, Breast lump, Extreme menstrual pain, Hot flashes, Nipple discharge, Painful intercourse, Vaginal discharge, Other

MUSCLE/JOINT/BONE

- Pain, weakness, numbness in: Arms, Hips, Back, Legs, Feet, Neck, Hands, Shoulders

CARDIOVASCULAR

- Chest pain, High blood pressure, Irregular heart beat, Low blood pressure, Poor circulation, Rapid heart beat, Swelling of ankles, Varicose veins

SKIN

- Bruise easily, Hives, Itching, Change in moles, Rash, Scars, Sore that won't heal

GENITO-URINARY

- Blood in urine, Frequent urination, Lack of bladder control, Painful urination

Date of last menstrual period _____ Date of last Pap Smear _____ Have you had a mammogram? _____ Are you pregnant? _____ Number of children _____

Conditions

Check (✓) conditions you currently have or have had in the past year.

- AIDS, Alcoholism, Anemia, Anorexia, Appendicitis, Arthritis, Asthma, Bleeding Disorders, Breast Lump, Bronchitis, Bulimia, Cancer, Cataracts

- Chemical Dependency, Chicken Pox, Diabetes, Emphysema, Epilepsy, Glaucoma, Goiter, Gonorrhea, Gout, Heart Disease, Hepatitis, Hernia, Herpes

- High Cholesterol, HIV Positive, Kidney Disease, Liver Disease, Measles, Migraine Headaches, Miscarriage, Mononucleosis, Multiple Sclerosis, Mumps, Pacemaker, Pneumonia, Polio

- Prostate Problem, Psychiatric Care, Rheumatic Fever, Scarlet Fever, Stroke, Suicide Attempt, Thyroid Problems, Tonsillitis, Tuberculosis, Typhoid Fever, Ulcers, Vaginal Infections, Venereal Disease

Medications

List medications you are currently taking.

Allergies

Pharmacy Name _____ Phone _____

Health History