

FLOWER MOUND FAMILY PHYSICIANS

Date: _____

Patient Name: _____ DOB: _____

Please Circle: Male Female

Ethnicity (Please Circle): Asian African American Caucasian Hispanic

Medical Conditions (Circle all that apply):

Asthma

Hepatitis

Cancer

High Blood Pressure

Diabetes

Liver Disease

Heart Disease

Kidney Disease

Please list any conditions not listed above: _____

List all surgeries

Date

Date

Are you allergic to any medications? Yes__ No__ (If yes please list the medication and the reaction)

List of current medications including any OTC medication(Tylenol, Aspirin, ect):

Name of medication

Dose

Directions

Family History:

Father: Living, age:____ Deceased, age at death:____ Cause:_____

Mother: Living, age:____ Deceased, age at death:____ Cause:_____

Siblings: Number Living:____ Number Deceased:____ Cause:_____

Please check all that apply:

Cancer__ Family Member:_____

Diabetes__ Family Member:_____

Heart__ Family Member:_____

Hypertension__ Family Member:_____

TB__ Family Member:_____

Other_____ Family Member:_____

Social History:

Occupation:_____

Marital Status:_____

Do you use tobacco products? Yes/No If yes please circle: Cigarettes Cigars, E-Cig

Chewing Tobacco

If Yes, how much per day?_____

If you are a former smoker when did you quit? _____

Alcohol use? Yes/No If yes, how much? _____

Review of Systems: Please check all symptoms that apply

Allergies:

Seasonal Allergies__

Hay Fever__

Constitutional:

Appetite Change__

Chills__

Fatigue__

Fever__

Weight Change__

Gastro:

Abdominal Pain__

Bloody Stool__

Bowel Changes__

Constipation__

Diarrhea__

Heartburn/Indigestion__

Musculoskeletal:

Back Pain__

Bursitis__

Gout__

Joint Pain/Stiffness__

Osteoporosis__

Cardiovascular:

Chest Pain__

Passing Out__

Swelling__

Ears, Nose, Throat:

Change in Hearing__

Nose Bleeds__

Ringing in Ears__

GYN:

Breast Mass/Discharge__

Hematology:

Anemia__

Bleeding__

Bruise Easily__

Swollen Glands__

Neurological:

Epilepsy__

Numbness/Tingling__

Paralysis__

Stroke__

Trouble with Speech__

Ophthalmology:

Dizziness__

Headaches__

Vision Changes__

Respiratory:

Cough__

Shortness of Breath__

Wheezing__

Urinary:

Blood in Urine__

Burning with Urination__

Psychological:

Anxious__

Depressed__

Stress__

Skin:

Hives__

Itching__

Rash__

Skin Cancer__