
Patient Name

DOB

Preferred Pharmacy Name: _____ Phone #: _____

Have you had the flu shot this year? _____

Have you had the pneumonia vaccine? _____

Current Medications:
(Please list all)

No Medications Taken

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

**Please list any other
Diagnoses/Diseases**

1. _____
2. _____
3. _____
4. _____
5. _____

No Known Drug Allergies

Drug Allergies:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Medical History

- Arthritis
- Asthma
- Blood Clot
- Cancer
- Diabetes
- Emphysema
- Heart Disease
- Hepatitis
- Hypertension
- Irritable Bowel Syndrome
- Kidney Disease
- Mitral Valve Prolapse
- Peptic Ulcer Disease
- Seizure Disorder
- Stroke
- Thyroid Disease
- Blood Clots
- Other: _____

PLEASE FILL OUT ALL SHEETS

Previous Surgeries

- 1. _____
Date _____ Dr.: _____
- 2. _____
Date _____ Dr.: _____
- 3. _____
Date _____ Dr.: _____
- 4. _____
Date _____ Dr.: _____
- 5. _____
Date _____ Dr.: _____
- 6. _____
Date _____ Dr.: _____
- 7. _____
Date _____ Dr.: _____
- 8. _____
Date _____ Dr.: _____
- 9. _____
Date _____ Dr.: _____
- 10. _____
Date _____ Dr.: _____

Family History

- Diabetes:
Relationship: _____
Relationship: _____

- Heart Disease:
Relationship: _____
Relationship: _____

- Cancer:
Type: _____
Relationship: _____
Relationship: _____

- Other: _____

Personal History

- Use of Alcohol:
No: Yes:

- Use of Tobacco:
No: Yes:

- Use of Recreational Drugs:
No: Yes:

DO YOU HAVE OR HAVE YOU RECENTLY HAD ANY OF THE FOLLOWING:

General

- Fatigue
- Fever
- Night Sweats
- Tiredness
- Numbness
- Fainting
- Dizziness
- Rash
- Excessive Sweating
- Heat Intolerance

Head, Ears, Eyes, Nose and Throat

- Headache
- Blurred Vision
- Visual Loss
- Hearing Loss
- Hoarseness
- Ringing in Ears
- Sore Throat

Neck

- Neck Mass
- Neck Pain
- Neck Stiffness
- Neck Swelling
- Swollen Glands

Hematology

- Abnormal Bleeding
- Excessive Bleeding
- Painful Lymph Nodes
- Free Bleeding

Respiratory

- Bloody Sputum
- Difficulty Breathing
- Cough
- Shortness of Breath
- Wheezing

Breast

- Breast Mass
- Breast Swelling
- Nipple Discharge

Cardiovascular

- Abnormal Blood Pressure
- Chest Pain
- Fainting
- Irregular Heart Beat
- Palpitations

Gastrointestinal

- Black, Tarry Stools
- Bloating
- Abdominal Pain
- Change in Bowel Habits
- Diarrhea
- Heartburn
- Nausea
- Vomiting

Genitourinary

- Blood in Urine
- Burning on Urination
- Change in Bladder Habits
- Discharge
- Painful Intercourse
- Loss of Control of Urination
- Painful Urination
- Urgent Need to Urinate
- Prostate Trouble
- Excessive Urination

Musculoskeletal

- Back Pain
- Joint Pain
- Joint Stiffness
- Muscle Pain
- Swelling of Extremities

Neurological

- Difficulty Speaking
- Dizziness
- Loss of Consciousness
- Seizures
- Visual Changes
- Weakness

PLEASE FILL OUT ALL SHEETS