THE CLINIC

Clarence J Wolinski MD

Patient Information and Health History

First Name:	Last Name:	Middle Initial:

Date of Birth:	Age:	Sex:	SSN:

Street Address:	City:	State:	Zip:

Home Phone:	Cell Phone:	Work Phone:

Preferred Pharmacy:	Marital Status:

Email:	Emergency Contact Name and Phone:

Race/Ethnicity/Language:

Medical History

Name of Medication	Dose	Frequency	Reason

List ALL Drug Allergies

List ALL Prior Surgeries

Name:

Vaccine Status – Please Insert Date	**Health Maintenance**- Please insert Date	
❑ Tdap/TD (Tetanus)	❑ Annual Eye Exam	❑ Bone Density
❑ Prevnar	❑ Annual Dental Exam	❑ EKG
❑ Pneumovax	❑ Colonoscopy	❑ ECHO
❑ Influenza	❑ Cologuard	❑ Stress Test
❑ Shingles (Zostavax)	❑ Mammogram (Female)	❑ Spirometry
❑ Hepatitis	❑ Pap Smear (Female)	❑ Chest X-Ray
❑ Gardasil	❑ PSA (Male)	❑

Social History					
Alcohol Use	❑ None	❑ Light	❑ Moderate	❑ Heavy	❑ Prior
Drug Use	❑ None	❑ Current	❑ Former	❑ Type:	
Caffeine Use	❑ None	❑ Regular	❑ Type:		
Tobacco Use	❑ Never	❑ Every Day	❑ Some Day	❑ Former	❑
Tobacco Type	❑ cigarettes	❑ e-cigarette	❑ Chewing tobacco/snuff	❑ Pipe	❑ Cigar
Work Status	❑ Full-time	❑ Part-time	❑ Un-employed	❑ Retired	❑ Student
Occupation:					

Family History

✓ Check all that apply	Mother	Father	Sister	Sister	Brother	Brother	Child	Child	Child	MGM	MGF	PGM	PGF
Alcohol Abuse													
Substance Abuse													
Asthma													
Cancer___________													
COPD/Emphysema													
Depression													
Anxiety													
Bipolar													
Suicidal													
Diabetes													
Heart Disease													
High Cholesterol													
High Blood Pressure													
Kidney Disease													
Stroke													
Thyroid Disease													
Migraines													
Other													
Other													
Living (Include Age)													
Deceased (Include Age)													
Number of Children													
Number of Siblings													

Name:

Other Providers Involved in Care- Please List:

Patient Current Symptoms (Check all that apply)

General
- ❑ Ability to do Daily Activities
- ❑ Chills
- ❑ Fatigue
- ❑ Fever
- ❑ Weakness
- ❑ Sweats
- ❑ Unplanned Weight Change

Skin
- ❑ Itching
- ❑ Lesions
- ❑ Nail Changes
- ❑ Rash
- ❑ Ulcer

Head/Ears/Nose/Throat
- ❑ Blurred Vision
- ❑ Decreased Sense Smell
- ❑ Decreased Sense Taste
- ❑ Difficulty Swallowing
- ❑ Ear Discharge
- ❑ Ear Pain
- ❑ Excessive Tearing
- ❑ Eye Pain
- ❑ Eye Redness
- ❑ Hearing Loss
- ❑ Hoarseness
- ❑ Nasal Congestion
- ❑ Postnasal Drip
- ❑ Runny Nose
- ❑ Sneezing
- ❑ Sore Throat
- ❑ Ringing in Ears
- ❑ Trauma
- ❑ Voice Changes

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

Respiratory
- ❑ Cough
- ❑ Difficult breathing
- ❑ Snoring
- ❑ Productive Cough (Sputum)
- ❑ Wheezing

Cardiovascular
- ❑ Abnormal Blood Pressure
- ❑ Chest Pain
- ❑ Pain in Thigh/Calf/Buttocks when Walking
- ❑ Difficulty Breathing while Lying Down
- ❑ Difficulty Breathing on Exertion
- ❑ Swelling in Hands or Feet
- ❑ Heart Murmur
- ❑ Breathlessness relieved by Sitting or Standing
- ❑ Palpitations
- ❑ Awakening Short of Breath
- ❑ Shortness of Breath
- ❑ Swelling of Extremities

Gastrointestinal
- ❑ Abdominal Pain
- ❑ Loss of Appetite
- ❑ Bloating
- ❑ Constipation
- ❑ Diarrhea
- ❑ Difficulty Swallowing
- ❑ Heartburn
- ❑ Blood on Stools
- ❑ Stool Incontinence
- ❑ Dark Sticky Stool
- ❑ Nausea
- ❑ Painful Swallowing
- ❑ Vomiting

Genitourinary Female
- ❑ Absence of Menses
- ❑ Bladder Problem
- ❑ Change in Bladder Habits
- ❑ Decreased Libido
- ❑ Discharge
- ❑ Hematuria
- ❑ Irregular Menses
- ❑ Painful Intercourse
- ❑ Painful Menstruation
- ❑ Vaginal Bleeding
- ❑ Vaginal Dryness
- ❑ Vaginal Itch/Burn
- ❑ Breast Changes
- ❑ Breast Problems

Genitourinary Male
- ❑ Change in Urine Stream
- ❑ Difficulty with Erection
- ❑ Discharge
- ❑ Painful Urination
- ❑ Incomplete bladder emptying
- ❑ Frequency
- ❑ Blood in Urine
- ❑ Hesitancy
- ❑ Incontinence
- ❑ Night Urination
- ❑ Urgency

Musculoskeletal
- ❑ Joint Pain
- ❑ Back Pain
- ❑ Groin Pain
- ❑ Increased Pain with Cough
- ❑ Joint Stiffness
- ❑ Joint Swelling
- ❑ Muscle Aches
- ❑ Weakness

Psychiatric
- ❑ Anxiety
- ❑ Behavioral Changes
- ❑ Change in Sleep Pattern
- ❑ Depression
- ❑ Feels Hopeless
- ❑ Feels Overwhelmed
- ❑ Concentration
- ❑ Memory Deficit
- ❑ Mood Changes

Neurological
- ❑ Balance Problems
- ❑ Changed Sense Smell/Taste
- ❑ Decreased Memory
- ❑ Difficulty Speaking
- ❑ Dizziness
- ❑ Headaches
- ❑ Numbness
- ❑ Near Fainting
- ❑ Seizures
- ❑ Fainting
- ❑ Tingling
- ❑ Spinning
- ❑ Weakness

Endocrine
- ❑ Cold Intolerance
- ❑ Excessive Sweating
- ❑ Hair Changes
- ❑ Heat Intolerance
- ❑ Abnormally Thirsty
- ❑ Extreme Hunger
- ❑ Frequent Urination

Hematology
- ❑ Abnormal Bleeding
- ❑ Bleeding Problems
- ❑ Easy Bruising
- ❑ Enlarged Lymph Nodes
- ❑ Pinpoint round spots on the skin

Additional Not Listed
- ❑

Name:

Medical Problems (Alphabetical Order)- CHECK ALL YES that Apply-Add Year for Date Problem Started

	Yes	Date		Yes	Date		Yes	Date
Allergic Rhinitis			Gout			Osteoarthritis		
Anemia			Hearing Loss			Osteoporosis		
Anxiety Disorder			Heart Disease			Palpitations		
Arrhythmia			Heart Murmur			Pancreatitis		
Arthritis			Hemorrhoids			Peptic Ulcer		
Asthma			Hepatitis			Peripheral Neuropathy		
ADD/ ADHD			Hiatal Hernia			Peripheral Vascular Disease		
Autistic Disorder			HIV			Phlebitis		
Back Pain			Hives			Pneumonia		
Bladder Problems			Hyperlipidemia			Psychiatric Disorder		
Bleeding Disorder			Hypertension			Pulmonary Fibrosis		
Blindness			Hyperthyroidism			Rheumatoid Arthritis		
Blood Clot			Hypoglycemia			Seizure Disorder		
Cancer			Hypothyroidism			STD		
Cataract			Inguinal Hernia			Sickle Cell		
Chronic Bronchitis			Irritable Bowel Syndrome			Skin Problem		
Colonic Polyps			Kidney Disease			Sleep Apnea		
Congestive Heart Failure			Kidney problems			Stroke		
COPD			Kidney Stone			Transfusion History		
Coronary Artery Disease			Leukemia			Tuberculosis		
Crohn's Disease			Liver Disease			Ulcerative Colitis		
Depression			Lung Disease			Urinary Tract Infections		
Diabetes Type 1			Measles			Varicella (Chicken Pox)		
Diabetes Type 2			Migraine					
Diabetic Neuropathy			Mitral Valve Disorder					
Eczema			Mononucleosis					
Gallbladder Problems			Mumps					
Gastric Ulcer			Murmur					
GERD			Muscular Dystrophy					
Glaucoma			Myocardial Infarction					