

Name _____

Date _____

Date of Birth _____

Sex _____

Patient History and review of systems

Family History: [use 1st letter for mother father sister brother] Cancer [] Type _____
Diabetes [] Thyroid Disease [] Heart Disease [] High Blood Pressure [] Stroke [] Seizures [] Dementia []
Colitis or Crohn's Disease [] Rheumatoid/Lupus/Sjögren's/autoimmune arthritis [] Muscle Wasting disease []
Alive [M F S B] Deceased [M F S B]

Social History: Married [] Divorced [] Single [] Widow/Widower [] Employed [] Retired [] Unemployed []
Disability [] Current Smoker [] how much? _____ Quit Smoking [] when? _____ Drug abuse []
Alcohol use never [] occasional [] 1-3 daily [] More than 3 daily [] Abstinent since _____

Constitutional: Decline in health [] Fatigue [] Weight loss [] gain [] Fever [] Chills [] Weakness []

Eyes: Glasses [] Contacts [] Blurred vision [] Cataract [] Cataract surgery [] Glaucoma [] Dry eyes [] Blindness []
Low vision [] Macular degeneration [] Double vision [] Light sensitivity [] Lasik [] other eye surgery type _____

Ears: Hearing Loss [R] [L] Hearing aids [R] [L] Ringing in ears [] Ear pain [] Drainage from ears [] perforated ear
drum [] Meniere's disease [] Ear Surgery type _____

Nose: Frequent colds [] Hay fever [] Sinus infections [] Nose bleeds [] Nasal obstruction [] Broken nose [] Sinus
surgery [] other nose surgery type _____

Mouth/Throat: Major dental problems [] Dental surgery [] Dry mouth [] Dentures [] Hoarseness [] Enlarged
tonsils [] Palate surgery for sleep apnea [] Tonsillectomy [] Problems swallowing [] Swollen glands [] Frequent
sore throats []

Lungs: Shortness of breath currently [] sitting [] lying down [] Difficulty catching your breath [] Productive cough
[] Persistent cough [] Coughing blood [] Asthma [] Bronchitis [] Pneumonia [] Pleurisy [] COPD/emphysema []
Collapsed lung [] Positive Tb test [] Tuberculosis [] Lung cancer [] Lung surgery type _____
Exposure to asbestosis [] Sleep apnea [] Use CPAP []

Heart & Circulation: Chest pain/pressure [] Angina [] Palpitations [] Atrial fibrillation [] Heart attack [] Heart
murmur [] Heart valve disease [] Heart valve surgery [] Coronary artery bypass [] Pacemaker [] Heart failure []
Coumadin/anticoagulant [] Heart angioplasty [] Stent [] High blood pressure [] High cholesterol [] Statin use []
Carotid artery disease [] Carotid surgery [] Aortic aneurism [] Artery surgery abdomen [] limb [] Decreased limb
pulse [] Vein surgery [] Edema [] Thrombophlebitis [] Leg ulcers [] Varicose veins []

Gastrointestinal: Gastritis [] Ulcers [] Poor stomach emptying [] Frequent nausea [] vomiting [] diarrhea []
constipation [] Irritable bowel syndrome [] Gall bladder disease [] Gall bladder surgery [] Jaundice [] Liver
disease/hepatitis [] Pancreatitis [] Pancreatic cancer [] surgery [] Appendectomy [] Diverticulosis [] Diverticulitis
[] Colitis [] Colon polyps [] Dark or tarry stool [] Ruptured bowel [] Stomach surgery type _____
Colon surgery type _____ Hemorrhoids [] Last colonoscopy _____

Psychiatric: Depression [] Anxiety [] Excessive stress [] Disorientation [] Hallucinations [] Major psychiatric
disorders []

Name _____

Date _____

Breasts: Lumps [] Pain [] Breast cancer [L R] Lumpectomy [L R] Mastectomy [L R] Radiation treatment [] Breast reduction [] Breast implants [] Breast self-examination [] Last mammogram _____

Skin: Eczema [] Itching [] Dry skin [] Psoriasis [] Easy bruising [] Hives [] Rosacea [] Major burns [] Cosmetic surgery [] Skin cancer basal cell [] squamous cell [] melanoma [] Precancerous lesions [] Major lacerations requiring sutures [] Excessive hair loss [] Surgery for skin cancer [] Where? _____

Endocrine: Weakness [] Intolerance cold [] heat [] Goiter [] Thyroid low/hypothyroid [] Thyroid high/hyperthyroid [] Thyroid nodules [] Thyroid cancer [] Thyroid surgery [] Parathyroid tumor [] Parathyroid surgery [] Adrenal tumor [] Diabetes using pills [] using insulin []

Blood/Immune: Anemia [] Blood clots [] Transfusion reaction [] Bleeding easily [] Low white blood count [] Leukemia [] Lymphoma [] Immune suppressing medication [] Chronic infection [] Chemotherapy [] Autoimmune disease type _____

Urinary: Frequent urination [] at night [] Urinary urgency [] Blood in urine [] Frequent urinary infections [] Cancer bladder [] kidney [] Kidney stones [] Bladder surgery type _____ Kidney surgery []

Female: Irregular menses [] Menopause [] Hysterectomy [] Removal ovaries [] Estrogen use [] Bladder suspension [] Pain with intercourse [] Cancer of ovary [] cervix [] Uterine fibroid []

Male: Benign prostate hypertrophy [] Prostate cancer [] Prostate surgery [] Male sexual dysfunction [] Radiation & seeding prostate []

Neural: Head injury [] Loss of consciousness [] Headaches [] Migraines with visual changes [] without visual changes [] Memory loss [] Dizziness [] Seizures [] TIA [] Stroke [] Limb numbness/tingling [] Sciatica [] Diabetic neuropathy [] Other neuropathy _____ Speech disturbance [] Unsteady gait [] Balance problems [] Parkinson's [] Sleep disturbance [] Brain aneurism [] Brain tumor [] Brain surgery type _____

Musculoskeletal: Osteoarthritis [] Rheumatoid arthritis [] Sjögren's disease [] Lupus [] Gout [] Fibromyalgia []
Arthritis of hand [L][R] wrist [L][R] fingers [L][R] thumb [L][R] shoulder [L][R] hip [L][R] knee [L][R] foot [L][R]
Arthritis/spondylosis neck [] upper spine [] lower spine [] Spinal stenosis [] **Herniated disc** cervical [] thoracic [] lumbar [] **Spinal laminectomy** cervical [] lumbar [] **Spinal fusion** cervical _____ Lumbar _____
Osteopenia [] Osteoporosis [] Rotator cuff tears [L][R] Rotator cuff surgery [L][R] Shoulder dislocation [L][R]
Carpal tunnel syndrome [L][R] Carpal tunnel surgery [L][R] Knee torn cartilage [L][R] **Fracture** arm [L][R] shoulder [L][R] collar bone [L][R] rib [L][R] hip [L][R] knee [L][R] lower leg [L][R] ankle/foot [L][R] Fracture surgery _____
Hip surgery [L][R] Hip replacement [L][R] Knee surgery [L][R] type _____ Knee replacement [L][R]
Ankle/foot surgery [L][R] Muscle/skeletal trauma _____ Motor vehicle accident [when? _____]
Musculoskeletal MRI [] X-rays [] CT scan [] in the past 2 years

List all Allergies to medications: _____

List all Current Medications and doses:

Immunizations (date): Influenza _____ Tetanus _____ Pneumonia _____ Shingles _____