

Name \_\_\_\_\_

Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

## Patient History and review of systems

Please CIRCLE all that apply:

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

**Social History:** Married \* Divorced \* Single \* Widow/Widower \* Employed \* Retired \* Unemployed \* Disability \*  
Current Smoker \* how many? \_\_\_\_\_ Quit smoking when? \_\_\_\_\_ Drug abuse [marijuana] [cocaine]  
[amphetamines][narcotics] \* Alcohol use [never][occasional][1-3 daily][More than 3 daily][Abstinent since \_\_\_\_\_]

**Constitutional:** Decline in health \* Fatigue \* Weight loss \* Weight gain \* Fever \* Chills \* Weakness

**Eyes:** Glasses \* Contacts \* Blurred vision \* Cataract \* Glaucoma \* Dry eyes \* Blindness \* Low vision \* Double vision  
\* Macular degeneration \* Light sensitivity \*

**Ears:** Hearing Loss [R] [L] Hearing aids [R] [L] Ringing in ears \* Ear pain \* Drainage from ears \* Perforated ear drum  
\* Meniere's disease \*

**Nose:** Frequent colds \* Hay fever \* Sinus infections \* Nose bleeds \* Nasal obstruction \* Broken nose \*

**Mouth/Throat:** Major dental problems \* Dry mouth \* Dentures \* Hoarseness \* Enlarged tonsils \* Problems  
swallowing \* Swollen glands \* Frequent sore throats

**Lungs:** Shortness of breath: currently \* sitting \* lying down \* with exercise \* Difficulty catching your breath \*  
Productive cough \* Persistent cough \* Coughing blood \* Asthma \* Bronchitis \* Pneumonia \* Pleurisy \*  
COPD/emphysema \* Collapsed lung \* Positive Tb test \* Tuberculosis \* Treatment for Tb \* Lung cancer \*  
Exposure to asbestosis \* Sleep apnea \* Use CPAP

**Heart & Circulation:** Chest pain/pressure \* Angina \* Palpitations \* Atrial fibrillation \* Heart attack \* Heart murmur  
\* Heart valve disease \* Congestive Heart failure \* High blood pressure \* High cholesterol \* Statin use \*  
Coumadin/anticoagulant \* Carotid artery disease \* Aortic aneurism \* Decreased limb pulse \* Edema \*  
Thrombophlebitis \* Leg ulcers \* Varicose veins

**Gastrointestinal:** Gastritis \* Ulcers \* Poor stomach emptying \* Frequent nausea \* vomiting \* diarrhea \*  
constipation \* Irritable bowel syndrome \* Gall bladder disease \* Jaundice \* Liver disease \* hepatitis \* Pancreatitis  
\* Pancreatic cancer \* Diverticulosis \* Diverticulitis \* Colitis \* Colon polyps \* Dark or tarry stool \* Ruptured bowel \*  
Hemorrhoids \* Last colonoscopy \_\_\_\_\_

**Psychiatric:** Depression \* Anxiety \* Excessive stress \* Disorientation \* Hallucinations \* Major psychiatric disorders

**Breasts:** Lumps \* Pain \* Mastitis \* Breast cancer [L R] \* Breast self-examination \* Last mammogram \_\_\_\_\_

**Skin:** Eczema \* Itching \* Dry skin \* Psoriasis \* Easy bruising \* Hives \* Rosacea \* Major burn \* \* Excessive hair loss  
\* Skin cancer: basal cell \* squamous cell \* melanoma \* Precancerous lesions

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**Endocrine:** Weakness \* Intolerance cold \* Intolerance heat \* Goiter \* Thyroid low/hypothyroid \*  
Thyroid high/hyperthyroid \* Thyroid nodules \* Thyroid cancer \* Parathyroid tumor \* High calcium \* Adrenal  
tumor \* Diabetes using pills \* Diabetes using insulin

**Blood/Immune:** Anemia \* Blood clots \* Transfusion reaction \* Bleeding easily \* Low white blood count \*  
Leukemia \* Lymphoma \* Immune suppressing medication \* Chronic infection \* Chemotherapy \* Radiation therapy  
\* Autoimmune disease type \_\_\_\_\_

**Urinary:** Frequent urination: at night \* Urinary urgency \* Blood in urine \* Frequent urinary infections \*  
Cancer kidney \* Cancer bladder \* Kidney stones \*

**Female:** Irregular menses \* Menopause \* Estrogen use \* Pain with intercourse \* Cancer of ovary \* Cancer cervix \*  
Uterine fibroid

**Male:** Benign prostate hypertrophy \* Prostate cancer \* Male sexual dysfunction \* Radiation & seeding prostate

**Neural:** Head injury \* Loss of consciousness \* Headaches \* Dizziness \* Migraines with visual changes \*  
Migraine without visual changes \* Memory loss \* Seizures \* TIA \* Stroke \* Limb numbness \* Tingling \* Sciatica \*  
Tremor \* Diabetic neuropathy \* Other neuropathy \* Speech disturbance \* Unsteady gait \* Balance problems \*  
Parkinson's \* Sleep disturbance \* Brain aneurism \* Brain tumor \*

**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]  
**Spine Arthritis:** neck \* upper spine \* lower spine \* Spinal stenosis \* **Herniated disc** cervical \* thoracic \* lumbar \*  
Osteopenia \* Osteoporosis \* Rotator cuff tears [L][R] Shoulder dislocation [L][R] Carpal tunnel syndrome [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] spine [neck][upper back][lower back] **Muscle/skeletal trauma** \_\_\_\_\_  
**Motor vehicle accident** [when? \_\_\_\_\_] Musculoskeletal MRI \* X-rays \* CT scan \* in past 2 years

**SURGERIES:** Cataract surgery \* Lasik \* Other eye surgery type \_\_\_\_\_ \* Ear surgery type \_\_\_\_\_ Sinus surgery \*  
other nose surgery type \_\_\_\_\_ \* Dental surgery \* Palate surgery for sleep apnea \* Tonsillectomy \*  
Lung surgery type \_\_\_\_\_ \* Heart valve surgery \* Coronary artery bypass \* Heart angioplasty \*  
Stent \* Pacemaker \* Carotid surgery \* Artery surgery abdomen \* Artery surgery limb \* Vein surgery \*  
Gall bladder surgery \* Pancreas surgery \* Appendectomy \* Stomach surgery type \_\_\_\_\_ Colon surgery  
\* Breast: Lumpectomy [L][R] Mastectomy [L][R] Breast Radiation treatment \* Breast reduction \* Breast implants \*  
Major lacerations requiring sutures \* Cosmetic surgery \* Surgery for skin cancer \* Where? \_\_\_\_\_  
\* Thyroid surgery \* Parathyroid surgery \* Bladder surgery type \_\_\_\_\_ Kidney surgery \*  
Hysterectomy \* Removal ovaries \* Tubal ligation \* Vasectomy \* Bladder suspension \* Prostate surgery \* Brain  
surgery type \_\_\_\_\_ **Spinal laminectomy** cervical \* lumbar \* **Spinal fusion** cervical \* lumbar \*  
Spine fracture repair \* Rotator cuff surgery [L][R] Carpal tunnel surgery [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] Other surgeries \_\_\_\_\_

**List all Allergies to medications:** \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

**List all Current Medications including any supplements and doses:**

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**Immunizations (date):** Influenza \_\_\_\_\_ Tetanus \_\_\_\_\_ Pneumonia \_\_\_\_\_ Shingles \_\_\_\_\_  
COVID 1 2 3 4