

Name _____

Date _____

Date of Birth _____

Sex _____

Patient History and review of systems

Please CIRCLE all that apply:

Family History: [use 1st 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 asbestos * 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

Name _____

Date _____

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:

Immunizations (date): Influenza _____ Tetanus _____ Pneumonia _____ Shingles _____
COVID 1 2 3 4