

Name: _____ DOB: _____ ACCT. _____ Date: _____
 REFERRING DOCTOR: _____ FAMILY DOCTOR: _____
 PHARMACY: _____ ADDRESS _____ CITY _____ TELEPHONE _____

WHY ARE YOU SEEING THE DOCTOR TODAY? _____
 HOW LONG HAVE YOU HAD THIS PROBLEM? _____

PAST MEDICAL HISTORY PLEASE CIRCLE if you *have* or *have had* any of the following diseases or conditions *or* mark none of the above:

Cardiovascular

- Anemia
- Angina (Chest Pain)
- Anorexia
- Aortic Aneurysm
- Aortic Regurgitation
- Aortic Stenosis
- Arrhythmia (Irregular Heartbeat)
- Atrial Fibrillation
- Bleeding Disorder
- Cardiomyopathy
- Cerebrovascular Disease
- Claudication (Pain in legs w/exercise)
- Congenital Heart Disease
- Congestive Heart Failure
- Coronary Artery Disease
- Deep Vein Thrombosis (Blood clots)
- Endocarditis (Heart Infection)
- Enlarged Heart
- Heart Attack
- Heart Block
- Heart Disease
- Heart Murmur
- Heart Valve Problem
- Hemophilia
- Hypertension, well controlled
- Hypertension, progressive
- Hypertension, severe
- Leukemia
- Mitral Insufficiency
- Mitral Stenosis
- Mitral Valve Prolapse
- Rheumatic Fever
- Sickle Cell Anemia
- Stroke
- Thrombophlebitis
- Varicose Veins
- Ventricular Arrhythmia
- NONE OF THE ABOVE

Endocrine/Metabolic

- Diabetes Mellitus, non-insulin dependent
- Diabetes Mellitus, insulin dependent
- Diabetes Mellitus, uncontrolled
- Goiter
- Gout
- Hyperthyroidism (High)
- Hypothyroidism (Low)
- Impaired Glucose Tolerance (Borderline Diabetes)
- NONE OF THE ABOVE

General

- Allergies
- Electrical Injury
- Exposure to Chemicals
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Hypercholesterolemia (High cholesterol)
- Hyperlipidemia
- Infectious Disease
- Lipid Disorder
- Malaise (Weak/Tired)

- Obesity
- Paget's Disease
- Polycystic Ovaries
- Raynaud's Syndrome
- Sleep Apnea
- Hernia Location: _____
- NONE OF THE ABOVE

GI

- Cholecystitis (Gall Bladder Disease)
- Cholelithiasis (Gallstones)
- Chronic Liver Disease
- Colitis
- Constipation
- Colon Condition (explain: _____)

- Crohn's Disease
- Diarrhea
- Diverticulitis
- Diverticulosis
- GERD (Acid Reflux, Indigestion)
- Hemorrhoids
- Hepatic Failure (Liver Failure)
- Hepatitis
- Hiatal Hernia
- Inflammatory Bowel Disease
- Liver Disease
- Pancreatitis
- Peptic Ulcer (Duodenal)
- Rectal Fissure
- Stomach Ulcer
- Ulcerative Colitis
- NONE OF THE ABOVE

GU

- AIDS
- Bladder Cancer
- Bladder Outlet Obstruction
- Bladder Stone
- Bladder Infection
- Chronic Renal Disease
- Chronic Renal Insufficiency
- Chronic Renal Failure
- Crossed Fused Ectopia
- Erectile Dysfunction
- Hematuria
- Interstitial Cystitis
- Irradiation Therapy
- Kidney Cancer
- Kidney Disease
- Kidney Infection
- Kidney Stones
- Libido Decreased (low sex drive)
- Neurogenic Bladder
- Orchitis (Testicular Infection)
- Penile Discharge
- Polycystic Disease
- Polycystic Kidney Disease
- Prostate Cancer
- Radiation or Nuclear Exposure
- Recurrent UTI
- Renal Failure
- Renal Insufficiency
- Testicular Cancer

- Transplant Recipient
- Ureteral Cancer
- Undescended Testicle
- Urinary Tract Infection
- Venereal Disease (STD)
- NONE OF THE ABOVE

GYN/OB

- Breast Cancer
- Breast Disease
- Endometriosis
- Menopause
- Menstrual Problems
- Osteoporosis
- Ovarian Cancer
- Uterine Fibroids
- NONE OF THE ABOVE

HEENT

- Blindness
- Cataracts
- Deviated Septum
- Deafness
- Ear Infections
- Glaucoma
- Hay Fever
- Menniere's
- Mumps
- Sinusitis
- Tinnitus (Ringing in ears)
- Vertigo (Dizziness)
- NONE OF THE ABOVE

Musculoskeletal

- Arthritis
- Back Pain
- Carpal Tunnel Syndrome
- Claudication (Pain in legs with exercise)
- Fibromyalgia
- Morton's Neuroma
- NONE OF THE ABOVE

Neuro/Psych

- ADHD
- Alcoholism
- Alzheimer's disease
- Anxiety
- Bi-polar Disorder
- Chronic Fatigue Syndrome
- Depression
- Eating Disorder
- Epilepsy
- Herniated Disc
- Mental Illness
- Migraine
- Multiple Sclerosis
- Nervous Breakdown
- Organic Brain Syndrome
- Parkinson's
- Polio
- Seizures
- Spinal Cord Injury
- Stroke
- Suicide Attempt
- NONE OF THE ABOVE

Name:

DOB:

ACCT.

Date:

Respiratory

- Asthma
- Bronchitis
- Chronic Lung Disease
- COPD
- Emphysema
- Lung Disease
- Pneumonia
- Pulmonary Embolism
- Tuberculosis (TB)
- NONE OF THE ABOVE

Tumors

- Brain Cancer
- Brain Tumor
- Breast Cancer
- Cervical Cancer
- Colon Cancer
- Fibrocystic Breast Disease
- Gastric Cancer (stomach)
- Laryngeal (Throat) Cancer
- Lung Cancer
- Lymphoma
- Melanoma
- Ovarian Cancer

Tumors (Continued)

- Pancreatic Cancer
- Rectal Cancer
- Renal Cell Cancer (kidney)
- Sarcoidosis
- Testicular Cancer
- Bladder Cancer
- Ureter Cancer
- Uterine Cancer
- NONE OF THE ABOVE

PLEASE LIST ANY OTHER DISEASES OR CONDITIONS: _____

SURGICAL HISTORY PLEASE CIRCLE IF YOU HAVE HAD ANY OF THE FOLLOWING SURGERIES AND INDICATE THE YEAR OF SURGERY:

CARDIOVASCULAR

- Angioplasty _____
- Aortic Aneurysm Repair _____
- CABG _____
- Carotid Artery Surgery _____
- Defibrillation _____
- Heart Surgery (Stents) _____
- Heart Transplant _____
- Pacemaker Insertion _____
- Vein Stripping _____

Ventral Hernia Repair _____

TURBT (Bladder Tumor) _____

GU

- Bladder Surgery _____
- Biopsy Prostate _____
- Brachytherapy _____
- Circumcision _____
- Contigen _____
- Cystoscopy _____
- Cystoscopy - Dilation _____
- Cystoscopy - Retrograde _____
- Cystoscopy - Stent _____
- Cystoscopy - TUR Fulg _____
- Durashpere _____
- Epididymectomy _____
- ESWL (Shockwave Stones) _____
- Hernia Repair _____
- Hydrocelectomy _____
- Ileal conduit _____
- Indigo Laser Surgery _____
- Inguinal (Groin) Hernia _____
- Interstim _____
- Kidney Stone _____
- Laser Treatment of Stone _____
- Meatotomy _____
- Needle Biopsy Prostate _____
- Nephrectomy (removal of Kidney) _____
- Nephrolithotomy(removal of stones)_____
- Orchiectomy _____
- Orchiopexy _____
- Penile Implant/Prosthesis _____
- Penectomy _____
- Penile Surgery _____
- Pyeloplasty _____
- Radical Prostatectomy _____
- Renal Transplant _____
- Spermatoclectomy _____
- TUMT Prostate (Microwave) _____
- TUNA Prostate _____

YEAR

- TUR Prostate _____
- Ureteroscopy _____
- Variocelectomy _____
- Vasectomy _____
- VLAP (Laser Ablation of Prostate) _____

GENERAL

- Brain Surgery _____
- Disc Surgery _____
- Lymphatic Node Dissection _____
- Parathyroidectomy _____
- Pilonidal Cyst Incision _____
- Skin Grafting _____

GYN

- Colposcopy _____
- Culdocentesis _____
- Hysterectomy _____
- Oophorectomy (ovaries) _____
- Salpingectomy (tubes) _____
- Tubal Ligation _____
- Vaginectomy _____
- Vulvectomy _____

GI

- Appendectomy _____
- Bariatric Surgery _____
- Bowel Resection _____
- Cholecystectomy _____
- Colon Resection _____
- Colonoscopy _____
- EGD _____
- EGD/Dilation Esophagus _____
- Fissurectomy _____
- Gall Bladder Surgery _____
- Hemorrhoidectomy _____
- Ileostomy _____
- Laparoscopy _____
- Liver Surgery _____
- Liver Transplant _____
- Lumpectomy of Breast _____
- Lysis Adhesions _____
- Nissen Fundoplication _____
- Splenectomy _____
- Stomach Surgery _____
- Umbilical Hernia _____

HEENT

- Cataract Surgery _____
- Corneal Surgery _____
- Ear Surgery _____
- Eye Surgery _____
- Facial Surgery _____
- Mastoid Surgery _____
- Nasal Surgery _____
- PEG (feeding tube) _____
- Septoplasty _____
- Sinus Surgery _____
- Tonsil Surgery _____
- Thyroid Surgery _____
- TMJ Surgery _____

MUSCULOSKELETAL

- Amputation _____
- Arthroscopic Knee Surgery _____
- Back Surgery _____
- Carpal Tunnel Surgery _____
- Cervical Spine Surgery _____

MUSCULOSKELETAL CONT.

Name: _____ **DOB:** _____ **ACCT. YEAR** _____ **Date:** _____ **SKIN YEAR** _____
 Disc Surgery _____ **RESPIRATORY** _____ **YEAR** _____ **SKIN** _____ **YEAR** _____
 Foot Surgery _____ Lung Surgery _____ Basal Cell Carcinoma _____
 Hand Surgery _____ Melanoma _____
 Hip Surgery _____ Squamous Cell Carcinoma _____
 Knee Surgery _____
 Leg Surgery _____
 Rotator Cuff Surgery _____
 Shoulder Surgery _____

NO PRIOR SURGICAL HISTORY

PLEASE INDICATE THE DATE(S) OF ANY OTHER SURGERIES AND DESCRIBE: _____

FAMILY HISTORY

PLEASE INDICATE WHICH FAMILY MEMBER HAS/HAD ANY OF THE FOLLOWING: (Mother, Father, Siblings, Grandmother, Grandfather, Aunt and Uncle)

Arthritis _____	Leukemia _____
Bedwetting _____	Liver Disease _____
Bladder Cancer _____	Malignant Melanoma _____
Cancer (site unknown) _____	Multiple Sclerosis _____
Crohn's Disease _____	Laryngeal (Throat) Cancer _____
Depression _____	Pancreatic Cancer _____
Diabetes _____	Prostate Cancer _____
Gout _____	Stroke _____
Heart Attack _____	Thyroid Disease _____
Hypertension _____	Tuberculosis _____
Kidney Cancer _____	Other _____
Kidney Disease _____	

UNREMARKABLE FAMILY HISTORY

SOCIAL HISTORY

MARITAL STATUS:

_____ Single _____ Married _____ Separated _____ Divorced _____ Widowed _____ Life Partner _____ Common Law Spouse

Occupation: _____ Number of Dependents (children): _____

Alcohol Consumption: _____ None _____ Yes _____ Occasional/Social # of drinks per day _____

Tobacco per day: _____ None _____ Yes # _____ Packs/day _____ Cigarettes/day _____ Smokeless Tobacco

If you previously smoked, when did you quit? _____

Caffeinated beverages: None Low(1-2) Moderate (3-4) Excessive (5 or more)

ALLERGIES - DO YOU HAVE ANY ALLERGIES: YES NO PLEASE LIST ALL TYPES (Drug, seasonal, pets, environmental foods):

CURRENT MEDICATIONS

NONE

LIST PROVIDED

Drug Name:

Dosage:

Directions/How you take it:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT MEDICATIONS (CONTINUED)

Name:	DOB:	ACCT.	Date:
Drug Name:	Dosage:	Directions/How you take it:	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

REVIEW OF SYSTEMS: Please circle if you have *recently* experienced any of the following *or* mark none of the above:

- Constitutional**
 Fever
 Fatigue
 Generalized Weakness
 Weight Gain
 Weight Loss
 NONE OF THE ABOVE

- Flatulence
 Gas
 Hemorrhoids
 Indigestion/heartburn
 Irregular Bowel Movements
 Nausea/vomiting
 Rectal Bleeding
 Tarry Stool
 NONE OF THE ABOVE

- Burning on Urination
 Erection Problems
 Flank Pain
 Hematuria
 Hesitancy
 Kidney Failure
 Kidney Infections
 Kidney Stones
Genitourinary (continued)

- Eyes**
 Blurred Vision
 Cataracts
 Glasses
 Glaucoma
 Worsening Eyesight
 NONE OF THE ABOVE

- Cardiovascular**
 Chest Pain/Angina
 Dyspnea on Exertion
 Edema
 Heart Attack
 Heart Failure
 Heart Murmur
 High Blood Pressure
 Irregular Heart Beat
 Mitral Valve Prolapse
 Orthopnea
 Pain/Cramps Hips/Legs w/exercise
 Palpitation
 Skipped Heart Beats
 Swelling
 NONE OF THE ABOVE

- Leak after voiding
 Nocturia
 Nocturnal Enuresis
 Not Emptying
 Painful Ejaculation
 Stranguria
 Stones
 Suprapubic Pain
 Urgency
 Urinary Frequency
 Urinary Hesitancy
 Urinary Incontinence
 Urinary Tract Infections
 Urine retention
 Urologic Cancer
 Urologic Surgery
 Vaginal Bleeding
 Vaginal Discharge/Problems
 Weak Stream
 NONE OF THE ABOVE

- Allergic/Immunologic**
 Animal Allergies
 Drug Allergies
 Environmental Allergies
 Food Allergies
 Seasonal Allergies
 NONE OF THE ABOVE

- Skin**
 Acne
 Boils
 Changing Moles
 Persistent Itch
 Pigment Change
 Skin rash
 NONE OF THE ABOVE

- Respiratory**
 Asthma
 Emphysema-Bronchitis
 Environmental Allergies
 Frequent Cough
 Pneumonia
 Shortness of breath
 Tuberculosis
 Wheezing
 NONE OF THE ABOVE

- Neurological**
 Balance Problems
 Disoriented
 Dizzy Spells
 Headache
 Lack of Alertness
 Leg or Arm Weakness
 Memory Loss
 Numbness/Tingling
 Stroke
 Speech Problems
 Tremors
 NONE OF THE ABOVE

- Musculoskeletal**
 Arthritis
 Back Pain
 Gout
 Joint Pain
 Muscle Cramps
 Muscle Weakness
 Neck Pain/Stiffness
 NONE OF THE ABOVE

- Hematological/Lymphatic**
 Swollen Glands
 Blood clotting problem
 Bleeding Problem
 Hepatitis
 HIV (AIDS)
 Sickle Cell
 NONE OF THE ABOVE

- Endocrine**
 Diabetes
 Excessive thirst
 Pituitary Disease
 Thyroid Disease
 Tired/Sluggish
 Too Hot/Cold
 NONE OF THE ABOVE

- Ear/Nose/Throat**
 Ear Infection
 Sinus Problem
 Sore Throat
 NONE OF THE ABOVE

- Psychologic**
 Anxiety
 Depressed
 Generally satisfied with life
 NONE OF THE ABOVE

- Gastrointestinal**
 Abdominal Cramps
 Abdominal Pain
 Acid Reflux
 Bloody Stools
 Change in Bowel Habits
 Constipation
 Diarrhea

- Genitourinary**
 Back Pain
 Bedwetting
 Blood in Urine
 Dribbling