

NAME: _____ AGE: _____ TODAY'S DATE: ____/____/____

DEMOGRAPHIC INFORMATION

Language:
Race:
Ethnicity

PREFERRED PHARMACY:

Name:
Phone Number:
Zip code:

LIST OF CURRENT MEDICATIONS

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

PAST MEDICAL HISTORY

	Diagnosis
1.	
2.	
3.	
4.	
5.	

PAST SURGICAL HISTORY

	Type of Surgery
1.	
2.	
3.	
4.	
5.	

HOSPITALIZATION HISTORY

	Year	Reason
1.		
2.		
3.		
4.		

CHILD'S IMMUNIZATION UP-TO-DATE?

Yes No

OBGYN HISTORY

# of Pregnancies _____	# of Deliveries _____
Menstrual Cycle	
<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

KNOWN DRUG ALLERGIES

Name of Medication	Reaction

FAMILY HISTORY - CHECK IF APPLICABLE

Father: Living - Illness: _____
 Deceased - Cause of death: _____
- Age at death: _____

Mother: Living - Illness: _____
 Deceased - Cause of death: _____
- Age at death: _____

Please circle "F" if father, "M" if mother, and "S" if a brother or sister had:

(A.) F M S Colon Cancer	F M S Ovarian cancer	F M S Prostate cancer	F M S Osteoporosis (bone thinning)	
F M S Colon Polyps	F M S Thyroid cancer	F M S Breast cancer	F M S Melanoma	
(B.) F M S Stroke	F M S Diabetes	F M S Bleeding Disorders	F M S Depression	F M S Heart Disease (before age 55 if male, age 65 if female)
F M S Glaucoma	F M S Kidney Disease	F M S Arthritis	F M S Alcoholism	

SOCIAL HISTORY

Alcohol:	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ drinks per week
Tobacco:	<input type="checkbox"/> No <input type="checkbox"/> Yes: _____ amount per day for _____ yrs. Quit (when)? _____ ago
Illicit Drugs / Marijuana:	<input type="checkbox"/> No <input type="checkbox"/> Yes

PLEASE CHECK ALL SYMPTOMS APPLICABLE FOR TODAY'S VISIT.

REASON FOR THE VISIT: _____

CONSTITUTIONAL

- fever
- night sweats
- chills
- cold intolerance
- fatigue
- daytime sleepiness
- weight gain
- weight loss
- increased thirst
- increased appetite
- anorexia

EYES

- change in vision
- loss of vision
- blurred vision
- double vision
- eye redness
- eye pain
- tearing
- yellowish discharge

EARS

- difficulty hearing
- hearing loss
- ear pain
- ear ache
- ear drainage
- ringing in the ear

NOSE

- nasal congestion
- nosebleed
- sneezing
- snoring

MOUTH/THROAT/VOICE

- lip sores
- mouth sores
- tongues sores
- sore throat
- difficulty swallowing
- painful when swallowing
- gum bleeding
- dental problems
- hoarse voice
- change in voice quality

NECK

- neck pain
- neck stiffness
- neck lumps
- neck swelling

RESPIRATORY

- shortness of breath
- cough
- productive of sputum
- bloody cough
- wheezing

CARDIOVASCULAR

- chest pain
- palpitations
- shortness of breath at rest
- shortness of breath w/activity
- shortness of breath laying down
- shortness of breath at sleep
- lower extremity edema
- varicose veins

BREAST

- breast lump (past or present)
- breast pain
- nipple discharge

GASTROINTESTINAL

- abdominal pain
- rectal pain
- nausea
- vomiting
- vomiting blood
- flatulence
- decreased freq. of BM
- constipation
- increased freq. of BM
- diarrhea
- fecal incontinence
- clay-colored stools
- greasy stools
- tarry stools
- blood in stool
- foul smelling stool

URINARY

- painful urination
- bloody urine
- urinary hesitancy
- difficulty initiating stream
- difficulty maintaining stream
- urine dribbling
- increased urinary freq.
- decreased urinary freq.
- increased urine quantity
- decreased urine quantity
- increase nighttime urination
- urge symptoms
- urinary incontinence
- urinary incontinence w/cough

GENITAL REPRODUCTIVE

- change in libido
- problem with sexual function
- painful intercourse
- difficulty achieving erection
- diff maintaining erection
- diff/inability reaching orgasm
- painful period
- bleeding between cycles
- excess pain with cycle
- irregular cycles
- last menstrual period _____
- postmenopausal
- postmenopausal bleeding
- hot flashes
- genital discharge

DERMATOLOGY/INTEGUMENTARY

- change in hair texture
- change in skin texture
- change in nail appearance
- dry hair
- brittle hair
- hair loss
- dry skin
- itching
- hives
- rash
- bruising
- new mole(s)
- skin sores
- skin lumps

MUSCULOSKELETAL

- muscle pain
- back pain
- tender points
- muscle cramps
- muscle weakness
- decreased muscle strength
- limb paralysis
- difficulty walking
- limp

NEUROLOGICAL

- headaches
- vertigo
- lightheadedness
- fainting
- numbness
- tingling
- tremor
- lack of coordination
- weakness
- difficulty speaking
- memory loss
- difficulty concentrating

PSYCHIATRIC

- change in mood
- depression
- sadness interfering w/life
- anxiety
- nervousness
- sleep disturbance
- suicidal ideation
- hopelessness
- worthlessness
- delusions
- hallucinations

HEMATOLOGIC/LYMPHATIC

- easy bruising
- difficulty stopping blood flow
- lymph node enlargement
- lymph node tenderness

OTHER:
