

NAME: \_\_\_\_\_

DOCTOR: \_\_\_\_\_

Reason for today's visit to doctor:

Circle those which are a current problem:

Fever	Chills	Weight change	Weakness	Night sweats	Swelling
Rash	Itching	Easy bruising	Bleeding	Hair loss	Nail changes
Enlarged gland	Trauma	Vertigo/dizzy	Fainting	Drainage	Light sensitive
Double vision	Changed vision	Deafness	Ears ringing	Drainage	Congestion
Voice change	Wheezing	Short breath	Pain (location)		Cough
Sputum	Asthma	Chest pain	Palpitations	Heart murmur	Irregular heart
Tight chest	Blue fingers	Fatigue	Enlarged belly	Cold hands/feet	Swelling
Indigestion	Heartburn	Hernia	Stroke	Headache	Gout
High/low blood pressure	Abdomen pain	Difficult swallow	Food intolerance	Hemorrhoids	Yellow skin
Black stool	Diarrhea	Constipation	Blood in stool	Nausea	Vomiting
Mass/growth		Thirst	Dry eyes/skin	Urine infection	Joint pain
Arthritis	Muscle pain	Bone fracture	Twitching	Tremor	Seizure
Memory loss	Depression	Nervousness	Hallucination	Poor sleep	Moodiness
Tingling	Numbness	Change appetite	Other:		Varicose veins
Painful urination	Frequent urination	Weak urine stream	Stones or grave in urine	Cold/heat intolerance	Pain with intercourse

Date of last eye exam: \_\_\_\_\_ Date of last pelvic/rectal exam: \_\_\_\_\_ Date of last mammogram \_\_\_\_\_  
Date of last dental exam: \_\_\_\_\_ Last doctor visit: \_\_\_\_\_ Last hospitalization: \_\_\_\_\_

Do any of your blood relatives have:

Alcoholism	Asthma	Bleeding disorder	Cancer types:		
Diabetes	Glaucoma	Epilepsy	Heart disease	Heart attacks	Kidney disease
High blood pressure	Mental illness	Migraine	Stroke	Thyroid disease	
Crohn's disease	Lupus	Rheumatoid arthritis	Ulcerative colitis	Other:	

Are / do you: Smoke: When did you quit? \_\_\_\_\_ Chew tobacco? \_\_\_\_\_ Wish to quit? \_\_\_\_\_ use alcohol \_\_\_\_\_  
Wish to lose weight: \_\_\_\_\_ Drink caffeine? \_\_\_\_\_ Servings per day? \_\_\_\_\_  
Married? # of years \_\_\_\_\_ Have children? # \_\_\_\_\_ Occupation? \_\_\_\_\_  
Hobbies? \_\_\_\_\_ Exercise? #per week? \_\_\_\_\_

Do you have a history of problems with:

Blood pressure    Cholesterol    Thyroid    Asthma/Emphysema    Heart Disease  
Vein disease    Cancer    Prostate    Kidney    Diabetes  
Gallbladder    liver    Impotence    Depression    Breathing  
Female problems    Circulation    Reflux    Esophagitis    Diverticulosis