

Past Medical History

List all allergies: _____

List current medications including dose if not already reviewed during visit _____

List all medical conditions if not already reviewed during visit: _____

List all prior surgeries with dates: _____



Social History

Do you use tobacco products? _____

If yes what type? _____ How often? _____

If former smoker quit date? _____

Do you use alcohol? _____ Type and number weekly? _____

Do you use illegal drugs? _____

Who lives at home with you? _____

Are you married/single/divorced/widowed? _____

What is your occupation? _____

Do you have disability or pending legal case? _____

Highest grade level completed? _____

Family History

Please circle any of the following that run in your family:

Similar Pain	Arthritis	Cancer
Lupus	Depression	Stroke
Heart Disease	Diabetes	Bleeding D/O
Substance Abuse	Other: _____	

Patient Signature: _____

Date: _____ **Time:** _____

Provider Signature: _____ **Date:** _____

Review of Systems

Circle all past/present signs or symptoms

Constitutional

Change in Appetite	Chills	Sweating
Fever	Fatigue	Weight Change

HENT

Facial Swelling	Neck pain	Neck stiffness
Ear discharge	Hearing loss	Ear Pain
Congestion	Sinus Pressure	Sore Throat

Eyes

Eye Pain	Eye Redness	Photophobia
Visual disturbance		

Respiratory

Apnea	Chest tightness	Cough
Shortness of breath	Wheezing	

Cardiovascular

Chest pain	Pacemaker	Palpitations
Anticoagulation	Hypertension	Cardiac Stent

Gastrointestinal

Abdominal Pain	Diarrhea	Nausea/vomiting
Ulcers	Constipation	Rectal Pain

Endocrine

Heat intolerance	Cold Intolerance	Increased urination
High glucose	Thyroid disease	

GU

Difficulty urinating	Hesitancy	Flank pain
Frequency	Urgency	Incontinence

Musculoskeletal

Arthralgia	Back Pain	Gait Disturbance
Joint Swelling	Myalgia	Fibromyalgia

Skin

Color Changes	Rash	Pallor
Wounds	Pain to light touch	Swelling

Allergy/Immune

Tape allergies	Food allergies	immunocompromised
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Neuro

Headache	Lightheadedness	Numbness
Seizures	Dizziness	Weakness
Tremors	Speech Changes	Confusion

Hematologic

Anticoagulation Coumadin/plavix	HIV	Bleeding disorder
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Psychiatric

Agitation	Suicidal thoughts	Confusion
Dec. Concentration	Sleep disturbance	Hallucinations
Substance abuse	Nervous	Depression

Specific Question/Concern: _____

