

Care Team

Please list primary care provider and specialists you see. We will send notes and labs from our office to these providers.

Social History

- Do you live alone or with others? _____
- Are you currently employed? Y or N Employer: _____
What is your occupation? _____
- Do you smoke tobacco? Y or N If yes, how long have you smoked and how often?

- Do you drink alcohol? Y or N If yes, how much and how often?

- Do you use drugs? Y or N If yes, how much and how often?

- Do you exercise? (Describe your routine, example: 3x per week/type of activity/none)

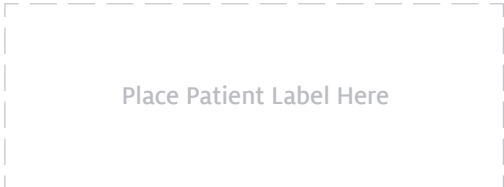
- Describe your diet (calories per day, carbs, caffeine intake, etc.)

Past Medical History

Please list your medical conditions (ex: high blood pressure, diabetes, heart disease, depression, hypothyroidism, etc.)

Past Surgical History

Please list prior surgeries with age and/or year of surgery if known



Family History:

	Medical Problems	Age of Death
Father		
Mother		
Sibling(s)		
Children		
Other		

Medications:

Medication	Dosage	Time of Day Taken	Reason You Take

Allergies:

Medication/Food/Exposure	Reaction	Date

Review of Systems

Please circle if you have any of the following symptoms, and if present please provide additional information:

- Excess weight gain, excess weight loss, loss of appetite, fever, diminished activity, fatigue

- Eye pain, blurry vision, eye redness, eye itchiness, eye swelling, eye discharge, eyes bulging out, seeing double vision, vision loss

- Ear pain, hearing loss, sinus pressure, swelling, congestion, sore throat, hoarseness, mouth lesions, foul smelling breath, sneezing, runny nose

- Chest pain, chest pressure, rapid heart rate, palpitations, slow heart rate

- Cough, wheezing, chest tightness, pain with respiration, noisy breathing, rapid breathing, difficulty breathing, shortness of breath with activity

- Difficulty swallowing, abdominal pain, nausea, vomiting, diarrhea, constipation, blood in stools

- Blood in the urine, pain during urination, increased frequency of urination, voiding urgency, vaginal discharge, heavy menses, irregular menses, no menses, pelvic pain

- Leg swelling, joint swelling, limited motion, previous injuries, muscles aches

- Itchy skin, dry skin, flaking, redness, rash, hives, skin lesions, swelling, darkening of skin around neck or underarms

- Numbness, weakness, tingling, burning, shooting pain, headache, dizziness, loss of consciousness

- Increased thirst, heat or cold intolerance

