

Primary Care Provider

Appointment Date

Patient Name

DOB

1 CURRENT MEDICATIONS

Medication

Dosage

Medication

Dosage

Medication

Dosage

Medication

Dosage

Vitamins / supplements and dosage

2 ALLERGIES

☐ No known medication allergies

☐ Yes - list below

Medication

Reaction

Medication

Reaction

Medication

Reaction

3 PAST MEDICAL HISTORY AND CURRENT HISTORY

Condition		When	Comment
Cancer			
Cancer (additional)			
Diabetes			
Heart attack			
Heart failure			
Stroke			
High cholesterol			
High blood pressure			
Sleep apnea			
Thyroid disease			
Other			

4 FOR MEN ONLY

Last physical

PSA

Colonoscopy

Vaccines

Pneumonia

Influenza

Shingles

Tetanus

5 FOR WOMEN ONLY

Physical

Pap smear

Mammogram

Colonoscopy

Lab work

DEXA

Pneumonia

Influenza

Shingles/Tetanus

☐ Ever pregnant - Yes

☐ No

Miscarriages

Abortions

Term births

Menopause? Age at last period

Hormone replacement / duration

6 SURGICAL HISTORY

	Year	Comments
Appendectomy		
Dental surgery		
Gallbladder		
Hernia		
Hysterectomy		
Tonsillectomy		
Other		
Other		

7 HOSPITALIZATIONS - OVERNIGHT OTHER THAN SURGERY OR CHILDBIRTH

Where	When	Reason

8 PHYSICIANS YOU ARE CURRENTLY SEEING

Name	Specialty

9 IMMEDIATE FAMILY HISTORY

Father		Age alive/death	Cause
☐ Hypertension	☐ Cancer	☐ Cardiac	☐ Asthma
		☐ Diabetes	☐ Alzheimer/Dementia
Mother		Age alive/death	Cause
☐ Hypertension	☐ Cancer	☐ Cardiac	☐ Asthma
		☐ Diabetes	☐ Alzheimer/Dementia
Brother		Age alive/death	Cause
☐ Hypertension	☐ Cancer	☐ Cardiac	☐ Asthma
		☐ Diabetes	☐ Alzheimer/Dementia

9 FAMILY HISTORY - CONTINUED

Sister

Age alive/death

Cause

☐ Hypertension

☐ Cancer

☐ Cardiac

☐ Asthma

☐ Diabetes

☐ Alzheimer/Dementia

Son

Age alive/death

Cause

☐ Hypertension

☐ Cancer

☐ Cardiac

☐ Asthma

☐ Diabetes

☐ Alzheimer/Dementia

Daughter

Age alive/death

Cause

☐ Hypertension

☐ Cancer

☐ Cardiac

☐ Asthma

☐ Diabetes

☐ Alzheimer/Dementia

Paternal Grandfather

Age alive/death

Cause

☐ Hypertension

☐ Cancer

☐ Cardiac

☐ Asthma

☐ Diabetes

☐ Alzheimer/Dementia

Paternal Grandmother

Age alive/death

Cause

☐ Hypertension

☐ Cancer

☐ Cardiac

☐ Asthma

☐ Diabetes

☐ Alzheimer/Dementia

Maternal Grandfather

Age alive/death

Cause

☐ Hypertension

☐ Cancer

☐ Cardiac

☐ Asthma

☐ Diabetes

☐ Alzheimer/Dementia

Maternal Grandmother

Age alive/death

Cause

☐ Hypertension

☐ Cancer

☐ Cardiac

☐ Asthma

☐ Diabetes

☐ Alzheimer/Dementia

Other diseases

10 TOBACCO

☐ Never

☐ Current

☐ Former

Year quit

Cigarettes/day

Time to first cigarette after waking

Interest in quitting

11 ALCOHOL & OTHER

☐ Alcohol in past year - Yes

☐ No

How often

Typical drinks/day

6+ drinks on one occasion - frequency

☐ Feeling down/depressed/hopeless - Yes

☐ No

☐ Little interest/pleasure in doing things - Yes

☐ No

☐ Recreational drugs - No

☐ Yes

Caffeine daily

12 REVIEW OF SYMPTOMS - CHECK ANY THAT APPLY

General:

☐ Fever/chills ☐ Malaise ☐ Fatigue ☐ Night sweats ☐ Headache ☐ Weight change

Eyes:

☐ Change in vision ☐ Blurring ☐ Double vision ☐ Pain ☐ Last eye exam

Ears:

☐ Hearing loss ☐ Pain ☐ Discharge ☐ Ringing

Nose:

☐ Loss of smell ☐ Obstruction

Throat:

☐ Hoarseness ☐ Frequent sore throat ☐ Sore/bleeding gum ☐ Toothaches ☐ Change in taste

Dentures:

☐ Upper ☐ Lower ☐ Full ☐ Partial

Endocrine:

☐ Thyroid enlargement ☐ Pain ☐ Tenderness ☐ Weight change ☐ Heat/cold intolerance ☐ Excessive thirst

Respiratory:

- ☐ Pain ☐ Shortness of breath ☐ Wheezing ☐ Cough ☐ Sputum production ☐ Coughing blood ☐ Exposure to TB
- ☐ Last chest X-ray

Cardiac:

- ☐ Chest pain ☐ Palpitations ☐ Ankle swelling ☐ Leg cramps ☐ High blood pressure ☐ Other heart problems
- ☐ Last EKG ☐ Other heart tests

Gastrointestinal:

- ☐ Change in appetite ☐ Food intolerance ☐ Heartburn ☐ Nausea ☐ Vomiting ☐ Hernia ☐ Constipation
- ☐ Diarrhea ☐ Black/bloody stools ☐ Gallstones ☐ Cirrhosis ☐ Hepatitis ☐ Jaundice

Hematology:

- ☐ Anemia ☐ Bleeding problems ☐ Blood clots ☐ Transfusions

Female:

- ☐ Breast lumps ☐ Breast pain ☐ Discharge from breast

Menstruation:

- ☐ Heavy ☐ Irregular ☐ Missed menses ☐ Painful menses ☐ Bleeding between periods ☐ Vaginal discharge
- ☐ Hot flashes ☐ Painful intercourse ☐ Infertility ☐ Fibroids ☐ Ovarian cysts ☐ Endometriosis

Male:

- ☐ Discharge from penis ☐ Ejaculation problem ☐ Genital pain ☐ Impotence ☐ Lumps in testicles ☐ Poor libido
- ☐ Prostate enlargement ☐ Prostate infection ☐ Other prostate problem

Lymphatic:

- ☐ Swollen lymph nodes ☐ Pain

Urinary:

- ☐ Kidney/bladder stones ☐ Urinary tract infection ☐ Blood in urine ☐ Painful urination ☐ Frequency ☐ Dribbling
- ☐ Decrease in force of stream

Musculoskeletal:

- ☐ Back pain ☐ Joint pain ☐ Leg pain ☐ Swelling in joints ☐ Muscle spasm ☐ TMJ problems ☐ Weakness
- ☐ Cramps

Skin:

- ☐ Rash ☐ Eruptions ☐ Itching ☐ Color change ☐ Abnormal hair/nail growth

Mental:

- ☐ Stroke ☐ Paralysis ☐ Depression ☐ Crying spells ☐ Memory loss ☐ Loss of balance ☐ Suicidal thoughts

13 ADDITIONAL MEDICATIONS OR INFORMATION FOR YOUR DOCTOR