Patient Name: _____ Today's Date: _____

Age: _____ DOB: _____ Sex: [ ] F [ ] M Height: _____ Weight: _____

Primary Care Physician (PCP): _____ Have you seen your PCP in the last year? [ ] Yes [ ] No

I was referred by: _____

PAST MEDICAL HISTORY (check all that apply)

[ ] Angina [ ] Heart Attack [ ] Stroke [ ] Diabetes [ ] Cancer

[ ] Other _____

SOCIAL HISTORY

Tobacco: [ ] current smoker How many per day? [ ] 5 or less [ ] 6-10 [ ] 11-20 [ ] 21-30 [ ] 31 or more

[ ] former smoker How long has it been? [ ]< 1mo [ ]1-3mo [ ] 3-6mo [ ] 6-12mo [ ] 1-5yr [ ] 5-10yr [ ] 10yr+

[ ] never smoked

If you are a current smoker, are you [ ] ready to quit [ ] thinking about quitting [ ] not ready to quit

Alcohol: [ ] Never [ ] 1 x month [ ] 2-4 x month [ ] 2-3 x week [ ] More than 3 x week

PAST SURGICAL HISTORY (list all surgical procedures and approximate dates)

Procedure	Date

CURRENT MEDICATIONS (please PRINT all medications you are currently taking)

•	•	•
•	•	•
•	•	•

FAMILY MEDICAL HISTORY (check all that apply)

Family history of blood clot? [ ] Yes [ ] Unknown If yes, please list family member(s):

Mother [ ]Alive [ ] Deceased [ ]Unknown Father [ ]Alive [ ]Deceased [ ]Unknown

ALLERGIES (please PRINT all food and drug allergies) [ ] No Known Drug Allergies

[ ] Penicillin [ ] Latex [ ] Anti-inflammatories [ ] Other – please list below

•	•	•
•	•	•

REVIEW OF SYSTEMS (check all that apply)

CONSTITUTIONAL
[ ] Chills
[ ] Fever
[ ] Weight loss

NEUROLOGICAL
[ ] Dizziness
[ ] Gait abnormality
[ ] Frequent Headaches
[ ] Seizures
[ ] Visual changes

GASTROINTESTINAL
[ ] Peptic ulcer
[ ] Frequent diarrhea
[ ] Nausea or vomiting

CARDIOVASCULAR
[ ] Heart disease
[ ] Chest pain
[ ] Dizziness
[ ] High blood pressure
[ ] Palpitations
[ ] Shortness of breath

ENT
[ ] Coughing w/blood
[ ] Sleep apnea
[ ] Snoring

PSYCHOLOGICAL
[ ] Depression
[ ] Memory loss

HEMATOLOGIC
[ ] Anemia
[ ] Excessive bleeding
[ ] Easy bruising

MUSCULOSKELETAL
[ ] Back pain
[ ] Joint pain

RESPIRATORY
[ ] Lung disease
[ ] Persistent cough
[ ] Shortness of breath
[ ] Asthma or wheezing

UROLOGICAL
[ ] Blood in urine
[ ] Kidney disease
[ ] Kidney stones
[ ] Previous UTIs

OPTHALMOLOGICAL
[ ] Blurred vision
[ ] Eye drainage
[ ] Vision loss

ENDOCRINE
[ ] Diabetes
[ ] Skin changes
[ ] Thyroid disease