

NEW PATIENT MEDICAL HISTORY INTAKE

Page 2 Patient Name _____ Date of Birth _____

Review of Systems:

General: Any unusual changes in weight, appetite, sleep; fevers, chills, sweats; irritability, changes in mood, energy or forgetfulness: _____

Stomach/Bowel: Any changes in bowel pattern, color, consistency; increased bloating, gas heartburn; problems with hemorrhoids or rectal bleeding; unexplained nausea/vomiting/diarrhea; history of hernias: _____

Urinary: Any changes in pattern or control (daytime or night), blood, pain or burning, pain in kidney areas, ED symptoms, last PSA and DRE; testicular masses and knowledge of TSE: _____

Cardiac: Any unexplained chest pain or pressure; presence of a murmur (and antibiotic use pre-procedures); palpitations or funny feelings in chest; ankle swelling; shortness of breath (how many blocks or flights of stairs or middle of the night); change in number of pillows; new varicose veins; pain in lower legs with exercise; last lipid blood check: _____

Neurologic: Any changes in headaches or seizures; unusual dizziness or loss of balance; numbness or tingling in hands or feet; temperature changes in hands or feet; loss of strength in hands or feet: _____

Psych: Episodes of depression, anxiety or mood swings; unusual stressors as financial, family, etc.: _____

EENT: Any vision or hearing changes or ringing in ears; last eye-ear or dental exam; unusual pain in eyes, ears, nose, throat; increased frequency of infections; changes in snoring pattern; changes in swallowing: _____

Respiratory: Any unusual cough; change in exercise tolerance; increased frequency of respiratory infections or use of asthma meds; last TB test; attempts to quit smoking: _____

Muscles/Joints: Any new or worsening problems with any body joint(s) or muscle groups: _____

Skin: Any new or worsening skin conditions, rashes, bruising, hair loss or condition, nails, sores that will not heal: _____

GYN: Any changes in menstrual pattern or pre-menstrual symptoms; last Pap, Mammo, Dexa; H/O abn. Pap with colposcopy; LMP/PMP; pregnancy history; STD history, contraception use; pain with intercourse, breast symptoms and knowledge of BSE; menopausal symptoms: _____

G P A _____

Provider Signature: _____ Today's Date _____