Patients Name: ______________________________ **Birthdate:** ________________

Do you need prescription refills: Y / N   Which Pharmacy: ______________________

If diabetic when was your last eye exam: __________ Where: ________________

PLEASE MARK "YES" TO ANY CURRENT/ONGOING HEALTH ISSUES

LIFESTYLE

Tobacco Use O Yes
Alcohol Use O Yes
Exercise Regularly O Yes
Diet O Yes

GENERAL

Fatigue/Change in energy O Yes
Fever O Yes
Change in sleep O Yes
Feeling weak O Yes

HEENT

Change in Hearing O Yes
Change in vision O Yes
Hoarseness O Yes
Nasal/sinus congestion O Yes
Allergies O Yes

ENDOCRINOLOGY

Excessive thirst O Yes
Unexplained weight change O Yes

RESPIRATORY

Shortness of breath O Yes
Cough O Yes
Wheezing O Yes
Asthma O Yes

CARDIOLOGY

Racing/ irregular heart beat O Yes
Chest pain O Yes
Swelling of ankles O Yes
Pains in leg while walking O Yes

GASTROENTEROLOGY

Abdominal pain O Yes
Nausea O Yes
Vomiting O Yes
Diarrhea O Yes
Heartburn or Indigestion O Yes
Constipation O Yes
Black stool O Yes
Blood in stool O Yes

FEMALE REPRODUCTIVE

Hot flashes O Yes
Abnormal vaginal discharge O Yes
Vaginal dryness O Yes

MALE REPRODUCTIVE

Sexual Dysfunction O Yes
Decreased force of stream O Yes

UROLOGY

Blood in urine O Yes
Incontinence O Yes
Urine frequency O Yes
Burning/pain with urination O Yes

MUSCULOSKELETAL

Joint stiffness O Yes
Leg cramps O Yes
Muscle aches O Yes
Painful joints O Yes
Swollen joints O Yes

NEUROLOGY

Headache/Migraines O Yes
Tingling/numbness O Yes
Memory loss O Yes
Dizziness O Yes
Loss of consciousness O Yes
Balance/coordination issues O Yes
Weakness O Yes

PSYCHOLOGY

Depression O Yes
Anxiety O Yes
High stress level O Yes

In the last 2 weeks, have you experienced any of the following problems?

- Little interest or pleasure in doing things? O Yes O No
- Feeling down, depressed or hopeless? O Yes O No

Please list any NEW drug allergies that have developed in the last year:

____

Please list any surgeries, major procedure or hospitalizations in the last year:

____

Doctor/ Nurse Practitioner signature: ____________________ today's date: ____________