

## Patient History Form

Note: This is a confidential record and will be kept in your doctor's office. Information contained here will not be released to anyone without your authorization to do so.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_  
Date \_\_\_\_\_

### Review of Systems

Do you now or have you had any problems related to the following systems:

Circle Yes or No

<b>Constitutional Symptoms</b>	<b>(Comments)</b>	<b>Musculoskeletal</b>	<b>(Comments)</b>
Weight Change	Y N	Bone Pain	Y N
Chills/Fever	Y N	Muscle Pain	Y N
Sleep Disorder	Y N	Joint Pain	Y N
<b>Eyes</b>		<b>Integument (skin)</b>	
Double Vision	Y N	Rash	Y N
Glaucoma	Y N	Lumps or Bumps	Y N
Cataracts	Y N	Moles, Skin Tags	Y N
<b>Ear/Nose/Throat/Mouth</b>		<b>Respiratory</b>	
Hearing Changes	Y N	Wheezing	Y N
Sore Throat	Y N	Frequent Cough	Y N
Sinus Problem	Y N	Shortness of Breath	Y N
<b>Cardiovascular</b>		<b>Neurological</b>	
Chest Pain	Y N	Tremors	Y N
Irregular Heartbeat	Y N	Dizzy Spells	Y N
Swelling in Ankles	Y N	Numbness//Tingling	Y N
<b>Psychological</b>		<b>Gastrointestinal</b>	
Are you generally happy?	Y N	Abdominal Pain	Y N
Do you feel depressed?	Y N	Nausea/Vomiting	Y N
Do you feel anxious?	Y N	Indigestion/Heartburn	Y N
Do you feel safe in your home?	Y N	Constipation/Diarrhea	Y N
		Other:	
<b>Endocrine</b>		<b>Genitourinary</b>	
Excessive Thirst	Y N	Urinary Incontinence (loss of urine)	Y N
Too Hot/Cold	Y N	- Spontaneous	Y N
Tired/Fatigued	Y N	- With Activity	Y N
Irregular Periods	Y N	Urinary Frequency > 8 times/day	Y N
Heavy Bleeding	Y N	Painful Urination	Y N
Bleeding After Menopause	Y N		
<b>Hematologic/Lymphatic</b>		<b>Sexual History</b>	
Swollen Glands	Y N	Are you currently sexually active?	Y N
Blood Clotting Problems	Y N	Heterosexual or Homosexual (circle one)	
Bruising	Y N	Have you ever been sexually active	Y N
		Method of Contraception _____	
		Change in Sex Drive	Y N
		Painful Intercourse	Y N
		Sexual Trauma	Y N
<b>Allergic/Immunologic</b>			
Hay Fever	Y N		
Drug Allergies	Y N		
Food Allergies	Y N		
Other:			

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

