

Please check all that apply currently.

**ALLERGY/IMMUNE**

- AIDS  
 Hepatitis B  
 Hepatitis C  
 Other \_\_\_\_\_

**CARDIOVASCULAR:**

- Chest Pain  
 Palpitations  
 Shortness of breath while sleeping  
 Shortness of breath while walking  
 Legs swelling  
 Cramps  
 Varicose veins  
 Color changes in legs/feet  
 Other \_\_\_\_\_

**ENDOCRINE:**

- Increased thirst  
 Increased urine  
 Intolerance to heat  
 Intolerance to cold  
 Diabetes  
 Hot Flashes  
 Other \_\_\_\_\_

**EARS:**

- Hearing aids  
 Hearing loss  
 Pain  
 Discharge  
 Ringing  
 Infections  
 Other \_\_\_\_\_

**EYES:**

- Vision changes or loss  
 Double vision  
 Other \_\_\_\_\_

**GENITOURINARY:**

- Urine frequency  
 Pain  
 Bloody urine  
 Incontinence  
 Other \_\_\_\_\_

**GASTROINTESTINAL:**

- Vomiting  
 Constipation  
 Diarrhea  
 Heartburn  
 Blood in stool  
 Changes in stool  
 Difficulties/pain when swallowing  
 Jaundice  
 Liver disease  
 Gallbladder disease  
 Irritable Bowel Syndrome (IBS)  
 Other \_\_\_\_\_

**HEMATOLOGY/LYMPHATIC:**

- Anemia  
 Sickle cell  
 Hemophilia  
 Night sweats  
 Itching  
 Other \_\_\_\_\_

**MOUTH/THROAT**

- Cavities  
 Dentures  
 Bleeding gums  
 Sores/lesions  
 Hoarseness  
 Other \_\_\_\_\_

**MUSCULOSKELETAL**

- Weakness  
 Paralysis  
 Stiffness  
 Joint Pain  
 Swelling  
 Arthritis  
 Gout  
 Other \_\_\_\_\_

**NECK:**

- Goiter  
 Pain  
 Thyroid Problems  
 Other \_\_\_\_\_

**NEUROLOGICAL:**

- Headaches  
 Dizziness  
 Numbness  
 Falls  
 Tremors  
 Stroke/TIA's  
 Loss of memory  
 Problems with gait  
 Other \_\_\_\_\_

**NOSE:**

- Nosebleeds  
 Discharge  
 Infections  
 Pain  
 Other \_\_\_\_\_

**PSYCHIATRIC:**

- Depression  
 Anxiety  
 Bipolar  
 Other \_\_\_\_\_

**RESPIRATORY:**

- Cough  
 Blood  
 Shortness of Breath  
 Asthma  
 Emphysema  
 Tuberculosis  
 Pneumonia  
 Bronchitis  
 Other \_\_\_\_\_

**SKIN:**

- Itching  
 Hives  
 Bruising  
 Bleeding  
 Other \_\_\_\_\_

None of the above

**SOCIAL HISTORY / DEMOGRAPHICS**

**Alcohol:**  Never  Rarely  Occasionally  Socially  Daily

**Smoking:**  Never  Former  Current

**Caffeine:**  Never  Some  Average  Excessive

**Marital Status:**  Single  Married  Divorced  Widow  Widower

**Occupation:** \_\_\_\_\_

**Language:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VITAL SIGNS (office use only):**

**B/P:** \_\_\_\_\_

**Pulse:** \_\_\_\_\_