



PATIENT NAME \_\_\_\_\_ DATE OF VISIT \_\_\_\_\_

Please check off what applies to you for today's appointment. I am here for the following (circle):

Follow up    Physical exam    Woman's exam with pap    Procedure \_\_\_\_\_  
Insurance exam    Immigration    School exam    Camp physical    Workers comp    DOT exam    Auto Accident

**CONSTITUTIONAL**

- Recent weight change
- Fever
- Fatigue
- Headaches

**ENT**

- Hearing loss
- Ringing in ears
- Earache or drainage
- Sinus problems
- Nose bleeds
- Mouth sores
- Bleeding gums
- Bad breath or bad taste in mouth
- Sore throat / voice change
- Swollen glands

**CARDIOVASCULAR**

- Heart trouble
- Chest pain
- Sudden heart beat change
- Swelling in feet, ankles and hands

**RESPIRATORY**

- Frequent coughing
- Spitting up of blood
- Shortness of breath
- Asthma or wheezing

**SKIN**

- Rash or itching
- Change in skin color
- Change in hair or nails
- Varicose veins
- Breast problems
- Mole or lump

**GENITO-URINARY**

- Frequent urination
- Burning or pain urination
- Blood in urine
- Change of force of strain while urinating

**MUSCULO-SKELETAL**

- Joint pain
- Joint stiffness or swelling
- Weakness of muscles or joints
- Muscle pain or cramps
- Back pain
- Cold limbs
- Difficulty walking

**NEUROLOGICAL**

- Frequent or recurring headaches
- Light headed or dizzy
- Convulsions or seizures
- Tremors
- Paralysis
- Stroke
- Head injury
- Blurred vision

**PSYCHIATRIC**

- Memory loss or confusion
- Nervousness
- Depression
- Sleep problems

**ENDOCRINE**

- Change in hat or glove size
- Glandular or hormone problem
- Thyroid problems
- Diabetes
- Excessive thirst or urination
- Heat or cold intolerance
- Dry skin

**GASTRO-INTESTINAL**

- Problems with digestion
- Heartburn or excess gas
- Abdominal pain
- Nausea
- Blood in stool

**HEMATOLOGY**

- Slow to heal after cut
- Easily bruised or bleeds
- Anemia
- Phlebitis
- Past transfusion
- Enlarged glands

**ALLERGIC**

Skin or adverse reaction to:

- Penicillin
- Antibiotics
- Demerol
- Morphine
- Novocaine
- Anesthesia
- Aspirin
- Tetanus serum
- Iodine
- Sulfur

**BLOOD PRESSURE**

- Increased
- Decreased

**RE-CHECK or FOLLOW - UP**

- Follow-up for past condition
- Re-check for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_