NAME			PLEASE COMPLETE BOTH SIDES	
DATE OF BIRTH		OCCUPATION		
GENDER	□ FEMALE	□ MALE	□ TRANSGENDERED	
MARITAL STATUS	□ SINGLE	□ MARRIED	□ PARTNERED	□ DIVORCED
EDUCATION COMPLETED	□ ELEMENTARY	□ HIGH SCHOOL	□ COLLEGE	□ OTHER
WHO DO YOU LIVE WITH?				

WHAT ARE YOU MAJOR HEALTH CONCERNS/REASONS FOR TODAY'S VISIT?

FAMILY HISTORY	LIVING/DECEASED	ILLNESSES
MOTHER		
FATHER		
SISTER		
BROTHER		
CHILDREN		

MEDICAL HISTORY	PLEASE LIST ANY MEDICAL DIAGNOSES/ILLNESSES OR ANY SURGERIES

IMMUNIZATIONS	YEAR	SCREENING TESTS	YEAR
TETANUS		COLONOSCOPY	
PNEUMOVAX (pneumonia)		PAP SMEAR	
ZOSTAVAX (shingles)		MAMMOGRAM	

HEALTH HABITS	yes/no/amount	OTHER
TOBACCO		Is pain a problem for you? yes/no scale 0 to 10 _____
ALCOHOL		Sexual practice: □ men □ women □ both □ abstinen
DRUGS		Do you have a health care proxy? yes/no Living will? yes/no
EXERCISE		Communication barriers? □ hearing impairment □ other langua

MEDICATIONS

NAME	DOSAGE (MG)	NUMBER OF TIMES PER DAY

ALLERGIES TO MEDICATIONS

MEDICATION NAME	MEDICATION ALLERGIC REACTION/SYMPTOM

SYMPTOMS

PLEASE CHECK ANY OF THE SYMPTOMS YOU CURRENTLY HAVE OR HAVE HAD IN THE LAST YEAR

General	Muscle/Joint	Gastrointestinal	Eyes/Ears/Nose	Men
□ chills	□ pain	□ decreased appetite	□ bleeding gums	□ erectile dysfunction
□ fever	□ arms	□ excessive hunger	□ seasonal allergies	□ lump in testicles
□ unexplained weight loss	□ legs	□ black/bloody stool	□ decreased hearing	□ penile discharge
□ unexplained weight gain	□ back	□ diarrhea	□ chronic sinusitis	**Women**
□ night sweats	□ neck	□ constipation	□ nose bleeds	□ breast lump
□ dizziness	□ knees	□ chronic nausea	□ ringing in ears	□ nipple discharge
□ fainting	□ hips	□ chronic vomitting	□ decreased vision	□ vaginal bleeding
□ forgetfullness	□ shoulders	□ abdominal pain		□ menstrual problems
Respiratory	**Genito-urinary**	**Skin**	**Mental health**	□ menopause
□ wheezing	□ bloody urine	□ bruise easily	□ depression	□ hot flashes
□ shortness of breath	□ frequent urination	□ rash	□ anxiety	
□ chronic cough	□ loss of urine control	□ change in mole	□ ADHD	
□ coughing up blood	□ painful urination	□ nonhealing sore		