

Today's Date \_\_\_\_\_ Patient Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Pharmacy \_\_\_\_\_ Preferred Lab \_\_\_\_\_

Primary doctor name \_\_\_\_\_ Cardiologist name \_\_\_\_\_

**SYSTEM REVIEW** Have you had? (mark box  if answer is YES )

**Gastrointestinal:**

- normal appetite
- change in bowel habit
- nausea
- vomiting
- diarrhea
- painful bowel movements
- constipation
- rectal bleeding
- blood in stool
- abdominal pain
- heartburn
- peptic ulcer

**Constitutional Symptoms:**

- good general health
- weight gain
- weight loss
- fever
- fatigue
- headaches

**Eyes:**

- eye disease or injury
- wear glasses or contacts
- blurred vision
- history of glaucoma

**ENMT:**

- facial swelling
- ringing in ears
- earache
- ear drainage
- sinus problems
- rhinitis
- nosebleeds
- mouth sores
- bleeding gums
- bad breath
- bad taste in the mouth
- sore throat
- voice change
- swollen glands in neck

**Cardiovascular:**

- heart trouble
- chest pain
- palpitations
- shortness of breath when walking
- shortness of breath when lying down
- edema

**Respiratory:**

- chronic cough
- spitting blood
- shortness of breath
- asthma or wheezing
- sleep apnea
- use CPAP/BIPAP

**Musculoskeletal:**

- arthralgia/joint pain
- joint stiffness
- muscle weakness
- muscle pain/cramps
- back pain
- cold hands or feet
- difficulty walking

**Integumentary:**

- rashes
- itching
- change in color of skin
- hair changes
- change in nails
- varicose veins
- breast pain
- breast lump
- nipple discharge

**Neurologic:**

- frequent headaches
- lightheadedness
- dizziness
- convulsions or seizures
- numbness
- tingling sensation
- tremors
- paralysis
- history of stroke

**Psychiatric:**

- memory loss
- confusion
- nervousness
- depression
- insomnia

**Endocrine:**

- hormone problems
- thyroid disease
- diabetes
- excessive thirst
- excessive urination
- hot/cold intolerance
- skin becoming dryer
- change in hat size
- change in glove size

**Hematologic/Lymphatic:**

- cuts slow to heal
- bleeding
- bruising
- anemia
- phlebitis
- recent transfusion
- enlarged glands

**Genitourinary:**

- frequent urination
- burning during urination
- painful urination
- blood in urine
- change in force of strain when urinating
- incontinence/dribbling
- kidney stones

**Male:**

- testicular pain

**Female:**

- painful menses
- normal menses
- vaginal discharge
- number of pregnancies \_\_\_\_\_
- number of miscarriages \_\_\_\_\_
- date of last pap smear \_\_\_\_\_



**BRING YOUR MEDICATIONS IN THE ORIGINAL CONTAINERS TO YOUR APPOINTMENT.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_ forms/health history (Rev:5-26-16)