



INITIAL HISTORY AND PHYSICAL

Patient Name _____ Date _____

Reason for visit _____

Name of your Primary Care Doctor (PCP) _____

MEDICAL HISTORY: List your past illnesses / injuries and date they occurred -

Injuries / Illness	Date	Injuries / Illness	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any surgeries you have had:

Surgery	Date	Surgery	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SOCIAL HISTORY: Please (X) all that apply to you personally:

() Married () Single () Widow(er) () Divorced List your occupation _____

Are you a smoker? () Yes () No If yes, how many daily? _____

If you ever smoked, when did you quit? _____

Do you drink alcohol? () Yes () No If yes, how much? _____

Do you/have you ever used illicit drugs? () Yes () No - If yes, what drugs are you/have you used? _____

Do any of your family members have any of the following illnesses? Please mark (X) all that apply:

- () Diabetes () Heart Disease () Heart Attack () High Blood Pressure
- () Stroke () High Cholesterol Levels

List any medication allergies you have and your reaction to them: _____

Please list all medications that you take, both prescription and non-prescription:

Medication	Dose	How often?	Medication	Dose	How often?
1. _____			7. _____		
2. _____			8. _____		
3. _____			9. _____		
4. _____			10. _____		
5. _____			11. _____		
6. _____			12. _____		

REVIEW OF SYSTEMS

Please check (X) all that apply to you personally:

- CONSTITUTIONAL: Weight Loss Fatigue Fever
- RESPIRATORY: Cough Coughing up blood Wheezing
- EAR, NOSE and THROAT: Difficulty Ringing in ears Vertigo/Dizziness Sinus Problems
- Sore Throat Nasal Allergies Hoarseness
- GASTROINTESTINAL: Heartburn Nausea/Vomiting Constipation Diarrhea
- Changes in Bowel Movements Black or Tarry Stools Blood in Stool
- Jaundice Abdominal Pain
- CIRCULATORY: Leg Pain while Walking Foot Ulcers
- GENITOURINARY: Pain while Urinating Burning while Urinating Urinary Frequency
- Difficulty Urinating Overnight Urinary Frequency
- FEMALES ONLY Abnormal Periods
- HEMATOLOGIC/
LYMPHATIC: Bruising Easily Enlarged Gland Bleeding Gums
- Bleeding that does not heal or stop quickly
- MUSCULOSKELETAL: Joint Pain and Swelling Joint Stiffness Muscle Pain
- Back Pain` Neck Pain
- SKIN: Rashes or Sores Lesions Itching/Burning Skin
- NEUROLOGICAL: Seizures Weakness/Paralysis Numbness Tremors Memory Loss
- ENDOCRINE: Hair Loss Heat or Cold Intolerance Brittle or Easily Broken Nails
- ALLERGIC/IMMUNOLOGICAL: Hay Fever Asthma Hives/Eczema
- PSYCHIATRIC: Anxiety Depression Moods Swings Insomnia

Signature of Reviewing Staff Member