

Putnam North Family Medical Center

Name _____

Account Number _____

	Yes	No		Yes	No
Constitutional Symptoms			Cardiovascular		
Recent weight change			Heart trouble		
Weight increased by _____ pounds since _____			Chest Pain Presently / Previously		
Weight decreased by _____ pounds since _____			Worsened with exercise?		
Fatigue Current / Previous			Mild / Moderate / Severe		
Fever			History of Angina Pectoris		
Headaches Current / Previous			Palpitations		
Frequency			Shortness of breath		
Trigger			With walking / lying flat		
Location			Swelling of feet, ankles or hands		
Medication(s) tried			Date of last stress test / EKG _____		
Visual changes			Results _____		
Severity 1 2 3 4 5 6 7 8 9 10 (circle)			Respiratory		
Nausea			Frequent coughing		
Vomiting			Coughing up blood Current / Previous		
Previously diagnosed as migraines			History of Asthma / COPD/ Emphysema		
Eyes			Currently wheezing		
Eye disease Current / Previous			Gastrointestinal		
Eye injury Current / Previous			Loss of appetite		
Wear glasses or contacts			Reflux or heartburn		
Blurred or double vision			Current/Previous change in bowel movements		
Is this new?			Diarrhea/blood/mucus/constipation		
Glaucoma			Nausea or vomiting		
Do you see an eye doctor every year?			Pain with bowel movements		
Ears/Nose/Throat/Mouth			Hemorrhoids Current / Previous		
Hearing loss New / Chronic			Abdominal pain Current / Previous		
Ringing in ears			Ulcer Disease Current / Previous		
Earaches or ear drainage			Diverticular Disease Current / Previous		
Frequent ear infections as a child			History of bowel obstruction		
Ear tube placement Current / Previous			Date of last colonoscopy _____ Results _____		
Dizziness Current / Previous			Genitourinary		
Allergies / Hayfever			Frequent or painful urination		
Frequent Nose Bleeds			Blood in urine Current / Previous		
Mouth Sores			Change in stream force when urinating		
Bleeding Gums			Incontinence or Dribbling		
Bad breath or bad taste in mouth			Kidney stones Current / Previous		
Sore throat			Sexual difficulty Current / Previous		
Swollen glands in neck			Medication used to treat _____		
Integumentary			Male		
Rash			Penile discharge / sores / STD		
Change in skin color			Testicular pain		
Change in hair			Prostate Infection Current / Previous		
Change in nails			Enlarged Prostate		
Varicose veins			Date of last prostate test _____ Results _____		
History of skin cancer			Female		
What type? _____			Pain with periods		
Treatment _____			Irregular periods		
Vaccinations			Vaginal discharge or sores		
Childhood vaccines complete			Vaginal infection or STD When _____		
Date of last Flu vaccine _____			Number of Pregnancies _____		
Date of last Tetanus _____			Number of miscarriages _____		
Date of last Pneumonia vaccine _____			History of abortions		
			Date of last pap _____ Result _____		
			Type of birth control used _____		

	Yes	No		Yes	No
Musculoskeletal			Hematologic / Lymphatic		
Joint pain			Wounds slow to heal		
Which joint(s) _____			Easy bleeding or bruising tendency		
Joint swelling			Anemia Current / Previous		
Which joint(s) _____			Phlebitis		
Muscle Weakness			Blood clots Current / Previous		
Back pain Current / Previous			Location _____		
Leg pain Current / Previous			Blood transfusions		
Arm pain Current / Previous			Organ transplant		
Cold extremities Current / Previous			Which organ(s) _____		
Difficulty walking Current / Previous			Enlarged lymph nodes		
Breasts			Location _____		
Breast pain			Blood type _____		
Breast lump			Allergic / Immunologic		
Breast biopsy Results			History of reaction to:		
Breast cancer Current / Previous			Penicillin or other antibiotic		
Breast discharge			Reaction _____		
Last Mammography Results			Morphine, Demerol, other narcotic		
Preform monthly breast self exams			Reaction _____		
Neurological			Novocain or other anesthetic		
History of seizures			Reaction _____		
Numbness or tingling sensation			Aspirin or other pain medication		
Location _____			Reaction _____		
Triggers _____			Tetanus or other serums		
Tremors			Reaction _____		
Paralysis			Iodine or other antiseptic		
Stroke			Reaction _____		
Part Affected Permanent/Temporary			Latex		
Head injury Current / Previous			Reaction _____		
Psychiatric			Known food allergy		
Memory loss Current / Previous			Type of food _____		
Nervousness Current / Previous			Reaction _____		
Insomnia Current / Previous			Known environmental allergy		
Obsess over things Current / Previous			Trigger _____		
Compulsions Current / Previous			Reaction _____		
Difficulty falling asleep Current / Previous			Specialist/concurrent physician treating patient		
Awake frequently at night Current / Previous			Physician	Condition	
Require sleep every night Current / Previous			1		
Depression Current / Previous			2		
Endocrine			3		
Glandular hormone problem			4		
Menopause					
Thyroid Disease			Current prescription / dosage / strength		
Diabetes			1		
Insuline / Noninsuline / during pregnancy			2		
Excessive thirst			3		
Excessive Urination			4		
Intolerance to temperature			5		
To heat / To cold (Circle one)					
Skin becoming drier			Current over the counter medication		
Change in hat or glove size			1		
Reviewed By:			2		
Date:			3		
			4		