

PT Account Number:		DHA MD:			Date:	Time:	· ·
		Occupation:					
							nt / 🗖 Follow-up
Reason for Appointment					дрронниен.	1 New Faller	11 / 1 TOIIOW-0P
		CURRENT MEDIC	A	ION(S) &	DOSE		
		DRUG REACTIONS: ALL	LER	GIES OR SEN	SITIVITIES		`
		PAST HOSPITALIZATION/S	SUR	GERIES (DATE	/REASON)		
					· · ·		
FAMILY MEDICAL HISTORY	(PATE	RNAL/MATERNAL/SIBLING)		P	ERSONAL	. HISTOR	Υ
						Yes No	Comments
Yes	No	If Yes, Indicate Family Member	1 1	Smaking2 History	, of2		

	Yes	No	If Yes, Indicate Family Member
Bleeding Disorder			
Cancer			
Colon Cancer			
Diabetes			
Heart Disease			
High Blood Pressure			
Liver Disease			
Stroke			
Other			

	Yes	No	Comments
Smoking? History of?			
If Yes, How Many Cigarettes Per Day?			
If Yes, How Many Years?			
Alcohol?			
If Yes, How Many Drinks/Day?			
History of Drug Use?			
If Yes, How Many Years?			

VITAL SIGNS (CLINICAL STAFF TO COMPLETE)

HT:	WT:	BP:
HR:	RR:	

PATIENT MEDICAL HISTORY

Do you have, or have you ever had in the past, any of the following? (mark with an "X")

Gastrointestinal	Pulmonary
Disease of the esophagus	Increasing sputum production
Pain or trouble swallowing	Asthma/emphysema
Food gets stuck	Bronchitis
Heartburn	Pneumonia
Hiatal hernia	Lung tumor
Recent nausea or vomiting	Other lung disease
Recent vomiting blood	Shortness of breath
Recent stomach pain	Ankle swelling
	Cardiovascular
Bowel obstruction	Heart attack
Appendicitis or hernia	Any heart valve disease
lleitis or colitis	Enlarged heart
Recent abdominal cramps	s/pain Chest Pain
Diverticulosis	Aneurysms
Recent loss of appetite	High blood pressure
Recent fever, chills, sweats	Blood clots
Recent change in bowel h	
Recent constipation	Arrhythmia
Recent diarrhea	Pacemaker/AICD
Recent change in size of st	
Recent blood in stool/recto	Anemia
Black, tarry stools	Bleeding Tendencies
Hemorrhoids	Other blood diseases
Recent loss of bowel contr	OI
Gallbladder disease/stone	S Genitourinary
Liver disease	Pus in urine
Hepatitis	Blood in urine
Exposure to hepatitis	Loss of urine control
Blood transfusions	Kidney or bladder infections
Jaundice	Kidney or bladder stones
Pancreatitis	Other kidney diseases
Pancreatic disease	Office Ratio y discusos
i difcredifc disease	Rheumatologic
N. 4	Swollen joints
Skin	Aching muscles or joints
Itching or rash	Gout
Skin diseases	Lupus
	Auto Immune Disease
IEENT	
Blind spots	Endocrine
Double or blurred vision	Diabetes
Failing vision	Hyper or hypothyroidism
Eye pain, glaucoma	Adrenal disease
Deafness	
Ringing in the ears	Neurologic
	Headaches
Sinusitis	Blackouts
Nose bleeds	Dizzy spells/lightheadedness
Hayfever	Seizures, convulsions
Sore throats, tonsillitis	Weakness or paralysis
	Strokes
Allergy	Loss of sensation
Seasonal allergies	LO33 OF 3CF13CHOFF
Food allergies	Psychiatric
334 diloi gios	Anxiety or depressions
	Suicidal or homicidal ideas
	Soleidar of Horniciaa racas Nervous breakdown
	Nervous Breakdown Psychiatric problems