

PATIENT NAME: _____ DOB: _____ DATE: _____

* Is your insurance information current? YES NO

* New insurance card? YES NO

* Are you here for REFILLS today? _____ * Do you need any REFERRALS today? _____

What problem are you here to see the doctor about today? _____

How long has this problem been present? _____

Please describe the pattern of the problem, when it happens, what makes it better or worse, etc. _____

* Current MEDICATIONS: list dose, how often taken, include OTC meds, herbals & vitamins: _____

* ALLERGIES to MEDICATION: _____

REVIEW OF SYSTEMS ----

* Please () circle any of the following you are currently experiencing:

Constitutional: Fever Weight Loss Headache Weakness Fatigue Unusual Pain

Eyes: wear glasses / contacts Vision changes Loss of Vision Double vision Blurry vision

Eye pain Red eye Itchy eyes Discharge from eye Glaucoma

ENT: Ear pain Sore throat Runny Nose Nasal congestion Difficulty swallowing Bleeding

Tooth pain Jaw pain TMJ Ringing in Ears Difficulty hearing Dizziness

Cardiovascular: Chest pain or pressure Palpitations Rapid or irregular heartbeat

Respiratory: Cough Shortness of Breath SOB with activity SOB lying down Wheezing/Tight

GI: Nausea Vomiting Diarrhea Constipation Loss of Appetite Abdominal pain Hemorrhoids

Rectal bleeding Blood in stool Black stools Change in bowel habits Indigestion Reflux

GU: Pain/burning on urination Blood in urine Frequency Leaking of urine when _____

Male: Decrease in stream dribbling Discharge Mass Genital lesion/sore Sexual concern

Female: Periods regular Irregular Menopausal Method of Contraception _____

Date of last period _____ Pelvic pain Vaginal discharge Sexual concern

Musculoskeletal: Joint pain Swelling Immobility Hot/red joint Gout Weakness

Integumentary: Rash Easy bruising Mass Skin lesion Itching Problem with hair/nails

Neuro: Dizziness Localized weakness Numbness Tingling Memory problem Confusion

Psych: Depression Anxiety Mood Swings Disorientation Hallucinations

Endocrine: Wt gain Wt loss Excessive Thirst Frequent Urination Hair gain / loss

Heat/cold intolerance Enlarged thyroid

Hematologic/Lymphatic: Unusual bleeding Easy bruising Enlarged lymph nodes Skin Lumps

Allergy/ Immunologic: Hives Unusual reactions to Medications, Foods, Animals, Insects Hay fever

Any other changes since previous visits or other information you want the doctor to know about?

Reviewed by: Debra K Levin MD _____ Date _____

Stuart I Levin MD _____ Date _____