

Patient Health History

Name: _____ **DOB:** _____

Chief Complaint: (What is the reason for your visit?) _____

History of Present Illness: Location: _____ Duration: _____

Current Medications: _____

Are you on any blood thinners? (Aspirin, Coumadin, Plavix, Others) **Yes** _____ **No** _____

Are you on any hormone medication: (BCP, Hormone replacement) **Yes** _____ **No** _____

Allergies: _____

Gynecologic History: Circle if any apply to you.

Pre-menopausal _____ Post-menopausal _____

Number of Pregnancies _____

Past Medical History: Please mark all that apply to you.

Atrial Fibrillation _____ COPD _____ Stroke _____

Heart Disease _____ GERD _____ Sleep Apnea _____

High Cholesterol _____ Diabetes _____ Depression _____

Hypertension _____ Thyroid Disease _____ Anxiety _____

Asthma _____ Arthritis _____ Cancer _____

Other _____

Past Surgical History: _____

Social History: Do you smoke? Yes _____ No _____ Do you drink alcohol? Yes _____ No _____

Do you use recreational drugs? Yes _____ No _____

Family History:

Breast Cancer: _____

Ovarian Cancer: _____ Cancer: _____ Thyroid Disease _____

Heart Disease: _____ Stroke: _____ Diabetes: _____

Lung Disease: _____ Gallbladder Disease: _____



Review of Systems: Please circle all that may apply to you.

General Health: Fatigue Fever/Chills Insomnia Weight Loss Weight Gain

HEENT: Sinus Pain Vision Changes Sore Throat Change in Voice Hearing Loss

Breast: Lump Pain Swelling Nipple Discharge Erythema/Redness Skin Changes

Axilla/ Armpit Mass

Cardiovascular: Chest Pain Palpitations

Pulmonary: Shortness of Breath Chronic Cough Sleep Apnea Supplemental Oxygen

Gastrointestinal: Abdominal Pain Loss of Appetite Diarrhea Constipation

Blood in Stool Nausea Vomiting

Genitourinary: Blood in Urine Kidney Stones Urinary Incontinence or Retention

Painful Urination Testicular Pain

Reproductive: Breastfeeding Abnormal Vaginal Bleeding

Musculoskeletal: Back Pain Neck Pain Muscle Pain Difficulty Walking

Neurologic: Dizziness Difficulty with Balance Headaches

Psychiatric: Anxiety Depression Eating Disorder