

ALLERGIES: _____
_____**Review of Systems: Please circle all that apply.****Constitutional:** Fever Chills Weight loss/gain Night sweats Weakness Fatigue Loss of appetite Nausea**Eyes:** Blurriness Pain Discharge Itchiness**Ears/Nose/Throat:** Hearing loss Earache Nasal drainage Sore throat**Cardio/Peripheral Vascular:** Chest pain Difficulty breathing Fatigue Palpitations Edema
Claudication Numbness**Respiratory:** Shortness of breath Cough Wheezing Asthma**Gastrointestinal:** Abdominal pain Reflux Nausea Vomiting**Genitourinary:** Incontinence Hematuria/blood in urine Dysuria Frequency Kidney stones**Musculoskeletal:** Joint pain Back problems Arthritis Muscle weakness**Skin:** Skin lesions Rash Itching Hives**Neurologic:** Fainting Focal Weakness Numbness Seizures**Psychiatric:** Psychiatric history anxiety depression memory loss**Endocrine:** Diabetes Hot and cold intolerance Thyroid disease**Hematologic:** Anemia Bleeding Blood clotting problems Swollen glands**Sleep:** Snoring Excessive daytime sleepiness Witnessed apnea**Others:** Hepatitis type _____ HIV _____ High potassium Low potassium**Cancer:** _____**Past Medial History: Please circle any that apply.**

High Cholesterol Gout Obesity Hypertension (high blood pressure)

Dementia Coronary artery disease Atrial fibrillation

GI Bleeding Congestive Heart failure COPD

Osteoarthritis Stroke Seizures Abdominal Aortic Aneurysm

Kidney transplant Urinary tract infections

Problems not mentioned in 2 sections above: _____

Check any surgeries and list year.

__ Appendectomy _____ __ Kidney biopsy _____ __ Tonsillectomy _____ __ Prostate _____

__ Gallbladder _____ __ Hysterectomy _____ __ Pacemaker _____

__ Breast biopsy _____ __ Mastectomy _____ __ Coronary artery bypass _____

__ Other: _____

Family History: please list family member and disease.

Kidney disease: _____

Diabetes: _____

Hypertension: _____

Heart disease: _____

Cancer: _____

Other: _____

Social History: please circle and list explanation.

Marital Status: Married Single Divorced Separated Partnered Spouse deceased

Employed: Full-time Part-time Retired

Current or Previous Occupation: _____

Education: High school diploma GED Some College College graduate

Tobacco use: Non-smoker Previous Smoker Smoker per day: 1-9 10-19 20-39 40+

Alcohol use: None Occasional Everyday: _____

Drug use: Never Previous: _____ Current: _____

Caffeine consumption: Never Some Cups per day: _____

Filled out by: _____ **Relationship:** _____