



Name: _____ Date of Birth: _____

Today's Date: _____ Referring Provider/Provider Phone #: _____

New Patient

HISTORY- COMPLETED BY PATIENT, STAFF, OR PROVIDER

Reason for your visit today _____

Please indicate if you are having any current problems, signs or symptoms in any of the following areas:

✓ Check box then circle and/or add comments

- General Wellness: Fatigue, Fever, Chills, Weight Loss or Gain, Sweats, Other:
Neurological: Weakness, Numbness, Headache, Loss of sleep, Other:
Eyes: Vision Changes, Redness, Other:
Environmental/Food Allergies:
Skin: Rashes, Dryness, Other:
Reproductive/Urinary: Prostate, Kidney Diseases
Ears, Nose, Throat: Hoarseness, Loss of hearing, Other:
Endocrine: Diabetes, Thyroid, Last menstrual period Other:
Stomach/Digestion: Constipation, Diarrhea, Nausea, Vomiting, Swallowing difficulty, Ulcers, Helicobacter pylori, Polyps, Diverticulosis, GI bleeding, Liver disease, Hepatitis, Poor appetite, Heartburn, Bloating, Excessive Hunger, Excessive thirst, Indigestion, Abdominal pain, Vomiting blood, Other GI:
Psychiatric: Depression, Anxiety, Other:
Lungs/Breathing: Asthma, Emphysema, Sleep apnea, Oxygen use, Other:
Blood/Lymph: Anemia, Blood Thinners:
Heart/Circulation: Heart Attacks, Heart Failure, Irregular heart beat, Pacemaker, Leaky valves, Other:
Muscles/Joints/Bones: Arthritis
Other: Infections, HIV

Physician Comments (ROS) All other systems negative

ROS: 1 prob. pertinent, 2-9 extended, 10+complete

3. Medication(s) (drugs, pills):

4. Previous Surgeries/Dates:

5. Medication Allergies

6. Social History:

Marital Status: Single; Divorced; Married; Widow/Widower Who lives with you?

Current Occupation/Employer What kind of work?

Do you smoke? How many packs a day? For how many years?

Do you drink alcohol? How many drinks per day? per week? per month?

Do you use illicit drugs? If yes, what kind?

Could you be pregnant? Yes No

7. Family Illnesses: Colon Cancer/Polyps? Yes, Site? Who? No

Other Cancers? Yes, Type? Who? No

Family History of Heart Disease (heart attack, heart failure) strokes, high blood pressure, diabetes: Yes No

Who?