

Patient History & Review of Systems				
Family History		Parents	Siblings	
	Cancer			
	Diabetes			
	Thyroid disease			
	Heart disease			
	Hypertension			
	Stroke			
	Seizures			
	Colitis or Crohn's disease			
	Rheumatoid or other autoimmune arthritis			
	Muscle wasting disease			
Social History		In Past	Active	
	Married			
	Divorced			
	Single			
	Widow/Widower			
	Employed			
	Unemployed			
	Disability			
	Retired			
	Smoking			
	Alcohol use			
	Drug addiction			
Constitutional		In Past	Active	
	Decline in health			
	Fatigue			
	Weight Loss voluntary			
	Weight loss involuntary			
	Weight Gain voluntary			
	Weight gain involuntary			
	Fever			
	Chills			
	Weakness			
Head		In Past	Active	
	Headache/Migraine			
	Dizziness			
	Fainting			
	Head injury			
	Head pain			
	Sweats			

Name _____

Date _____

Eyes		In Past	Active	
	Blurry vision			
	Cataracts			
	Glaucoma			
	Cataract surgery			
	Glasses/Contacts			
	Dry eyes			
	Lasik			
	Blindness			
	Partial vision loss			
	Itchy eyes/burning eyes			
	Double vision			
	Macular degeneration			
	Eye infections			
	Pain with light			
	Recent injury			
Nose		In Past	Active	
	Discharge			
	Frequent colds			
	Hay fever			
	Sinus infections			
	Nosebleeds			
	Nasal obstruction			
	Nose surgery			
	Sinus surgery			
Mouth		In Past	Active	
	Pain/Tenderness			
	Dry mouth			
	Swelling			
	Dentures			
	Oral surgery			
	Burning tongue			
	Voice changes or hoarseness			
	Problems swallowing			
	Excessive tooth decay			
Ears		In Past	Active	
	Hearing Loss			
	Hearing Aids			
	Ringling in the ears			
	Ear pain			
	Drainage from ears			
	Dizziness			
	Meniere's disease			
	Ear surgery			

Name _____

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Neck		In Past	Active	
	Swollen glands (cold or allergies)			
	Pain in the front of the neck			
	Frequent sore throat			
	Enlarged tonsils			
	Palate surgery for sleep apnea			
	<i>Tonsilectomy</i>			
Lungs		In Past	Active	
	Shortness of breath active			
	Shortness of breath sitting			
	Shortness of breath lying down			
	Smoking			
	Persistent cough			
	Productive cough			
	Asthma			
	Exercise induced asthma			
	Bronchitis			
	Pneumonia			
	Pleurisy			
	Emphysema/COPD			
	Collapsed lung			
	Persistent cough			
	Coughing blood			
	Positive TB test/tuberculosis			
	Lung Cancer			
	<i>Lung surgery</i>			
	Exposure to asbestos			
	Difficulty catching your breath			
	Sleep Apnea/Use of CPAP			

Name _____

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Cardiovascular		In Past	Active	
	Chest pain or pressure			
	Angina			
	Palpitations			
	Varicose veins			
	<i>Surgery for varicose veins</i>			
	High blood pressure			
	High Cholesterol			
	Using a statin			
	Heart murmur			
	Coronary artery disease			
	Heart valve disease			
	Rheumatic fever			
	Heart attack			
	Atrial fibrillation			
	Coumadin therapy			
	Other anticoagulant therapy			
	Congestive heart failure			
	Racing heart/missed heart beats			
	<i>Cardiac pacemaker or ASID</i>			
	<i>Coronary Artery Bypass Surgery</i>			
	<i>Heart valve surgery</i>			
	<i>Cardiac artery angioplasty</i>			
	<i>Cardiac artery stenting</i>			
	Carotid artery disease			
	<i>Carotid surgery</i>			
	Aortic aneurism			
	<i>Artery surgery in the abdomen</i>			
	Decreased pulses in legs			
	<i>Artery surgery in the limb(s)</i>			
	<i>Angioplasty and stenting in limbs</i>			
	Swelling in feet, legs or arms/edema			
	Difficulty walking any distance			
	Thrombophlebitis			
	Cold extremities			
	Ulcers on legs			

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Gastrointestinal		In Past	Active	
	gastritis			
	peptic ulcers			
	poor stomach emptying/gastroparesis			
	major episodes nausea			
	major episodes vomiting			
	major episodes diarrhea			
	major episodes constipation			
	Irritable bowel syndrome			
	gall bladder disease or stones			
	<i>gall bladder surgery</i>			
	liver disease			
	Liver cancer			
	hepatitis			
	jaundice			
	pancreatitis			
	Pancreatic cancer			
	<i>appendectomy</i>			
	colitis or Crohn's disease			
	diverticulosis			
	diverticulitis			
	rectal bleeding			
	black or tarry stools			
	ruptured bowel			
	abdominal or groin hernias			
	hernia surgery			
	<i>stomach surgery</i>			
	<i>colon surgery</i>			
	swallowing problem			
	hemorrhoids			
	rectal pain			
	vomiting blood			

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Musculoskeletal		In Past	Active	
	osteoarthritis			
	rheumatoid arthritis			
	Sjogren's disease			
	Lupus			
	gout			
	fibromyalgia			
	arthritis of hands, fingers, thumbs			
	arthritis of feet			
	arthritis neck/spondylosis			
	arthritis upper back/spondylosis			
	arthritis low back/spondylosis			
	herniated disc			
	spinal stenosis			
	<i>surgery spine neck</i>			
	<i>surgery spine low back</i>			
	osteopenia or osteoporosis			
	arthritis of elbow			
	arthritis shoulders			
	rotator cuff tears			
	<i>rotator cuff surgery</i>			
	bursitis shoulder			
	dislocation shoulder			
	carpal tunnel syndrome			
	<i>carpal tunnel surgery</i>			
	fracture arm			
	fracture collar bone			
	fracture ribs			
	<i>chest surgery</i>			
	bursitis hip			
	osteoarthritis hip			
	<i>broken hip with pinning</i>			
	<i>hip replacement</i>			
	osteoarthritis knee			
	torn cartilage knee			
	<i>knee surgery (arthroscopic)</i>			
	<i>Other knee surgery</i>			
	<i>knee replacement</i>			
	fracture foot or lower leg			
	<i>surgery for fracture</i>			
	Musculoskeletal trauma			
	Motor Vehicle accident			
	Musculoskeletal X-rays in the past 2 years			
	Musculoskeletal XCT scans in the past 2 years			
	Musculoskeletal MRIs in the past 2 years			

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Psychiatric		In Past	Active	
	Depression			
	Behavioral change			
	Disorientation			
	Anxiety			
	Excessive stress			
	Hallucinations			
	Memory loss			
	mood changes			
	Major psychiatric disorders			
Breasts		In Past	Active	
	Discharge			
	Lumps			
	Pain			
	Breast carcinoma in situ			
	Breast cancer			
	Lumpectomy			
	Mastectomy			
	Radiation treatment to breast			
	Breast reduction (mammoplasty)			
	Breast implants			
	Chemotherapy for breast cancer			
	Breast self examination			
Skin		In Past	Active	
	Eczema			
	Itching			
	Psoriasis			
	Excessive dryness			
	Easy bruising			
	Hives			
	Skin color change			
	Rosacea			
	Basal cell skin cancer			
	Squamous cell skin cancer			
	Melanoma			
	Surgery for skin cancer			
	Cosmetic surgery			
	Excessive hair loss			
	Major burn			
	Major lacerations requiring sutures			

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Neural		In Past	Active	
	Loss of consciousness/fainting			
	Head injury			
	Headaches			
	migraines without visual effect			
	migraines with visual effect			
	Memory loss			
	Dizziness			
	seizures			
	paralysis			
	tremors			
	stroke			
	numbness/tingling			
	TIA			
	Neuropathy			
	Sciatica			
	decreased sensation in one or more limbs			
	speech disturbance			
	unsteady gait			
	balance problems			
	Parkinsons			
	Brain aneurisms			
	Brain tumors			
	<i>brain surgery</i>			
	sleep disturbance			
Endocrine		In Past	Active	
	weakness			
	heat or cold intolerance			
	excessive urination			
	goiter			
	increased thirst			
	diabetes using pills			
	diabetes using insulin			
	diabetic neuropathy			
	diabetic vascular disease			
	diabetic kidney disease			
	low thyroid/hypothyroid			
	high thyroid/hyperthyroid			
	thyroid nodules			
	<i>thyroid surgery</i>			
	thyroid cancer			
	parathyroid tumor			
	<i>parathyroid surgery</i>			
	adrenal tumor			

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Hematology		In Past	Active	
	anemia			
	blood clots			
	transfusion reaction			
	bleeding easily			
	radiation exposure			
	persistent swollen glands or lymph nodes			
	low white blood count			
	Leukemia			
	Lymphoma			
Immunology		In Past	Active	
	autoimmune disease			
	immune suppressing medication			
	recurrent or chronic infection			
	allergies			
	chemotherapy			
Urinary		In Past	Active	
	urine frequency			
	get up more than once a night to urinate			
	urine urgency			
	blood in urine/hematuria			
	frequent urinary infections			
	bladder surgery			
	bladder cancer			
	kidney cancer			
	kidney stones			
	Kidney surgery			
Female Genital		In Past	Active	
	irregular menses			
	menopause			
	hysterectomy			
	ovariectomy			
	use of estrogen			
	bladder suspension			
	pain with intercourse			
	cancer of ovary			
	cancer of cervix			
	Uterine fibroid			
Male genital		In Past	Active	
	benign prostate hypertrophy (BPH)			
	use of medicine for BPH			
	prostate cancer			
	surgery prostate			
	radiation and seeding prostate			
	male sexual dysfunction			

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Medication Allergies	Name of medicine	Problem		
Medications	Name of medicine	Dose	Frequency	
Immunizations		Date		
	Pneumonia			
	Influenza			
	Shingles			
	Tetanus			

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