

Name \_\_\_\_\_

Please check the following boxes if anyone in your  
FAMILY has or had any of the following conditions.

If you are unsure or there is no history for a condition,  
 check the "No History" box.

	No History	Father	Mother	Brother	Sister	Son	Daughter	Other
<b>Anemia</b>								
<b>Cancer</b>								
<b>Coronary Artery Disease</b>								
<b>Diabetes</b>								
<b>Heart Disease</b>								
<b>High Cholesterol</b>								
<b>High blood pressure</b>								
<b>Kidney Disease</b>								
<b>Kidney Stones</b>								
<b>Stroke</b>								

Have you had your FLU Vaccine this Season? YES NO

Have you been Hospitalized since your LAST Visit with us? YES NO

If yes, what Hospital & when?

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NAME: \_\_\_\_\_

HISTORY OF PAST ILLNESS: CIRCLE YOUR KNOWN MEDICAL PROBLEMS

1. DIABETES MELLITUS
2. HIGH BLOOD PRESSURE
3. OBESITY
4. HEART DISEASE
5. PREVIOUS CORONARY BYPASS SURGERY
6. HIGH CHOLESTEROL
7. PERIPHERAL VASCULAR DISEASE
8. PREVIOUS STROKE
9. CHRONIC KIDNEY DISEASE
10. BLOOD DIALYSIS TREATMENTS
11. KIDNEY Infections
12. PREVIOUS REMOVAL OF KIDNEY
13. PREVIOUS BLEEDING FROM THE BOWEL
14. PREVIOUS STOMACH ULCERS
15. PROSTATE TROUBLE
16. ANEMIA
17. THYROID DISEASE
18. POOR VISION      REASON: \_\_\_\_\_
19. OTHER DIAGNOSIS \_\_\_\_\_

PAST SURGERIES: \_\_\_\_\_

NAME: \_\_\_\_\_

REVIEW OF SYSTEMS: CIRCLE THE POSITIVE ONE

CONSTITUTIONAL: FEVER; CHILLS, WEIGHT CHANGE; WEAKNESS FATIGUE

EYES: GLASSES; VISUAL CHANGES

ENT: HEARING LOSS; NASAL CONGESTION; NOSE BLEEDING; NASAL DRAINAGE;  
SORE THROAT; DIFFICULTY SWALLOWING

NECK: GOITER; STIFFNESS; LUMPS

CARDIOVASCULAR: CHEST PAIN; LEG EDEMA; H/O HEART ATTACK/CHF; CRAMPS  
IN LEGS WITH EXERTION; PALPITATIONS

RESPIRATORY: COUGHS; DIFFICULTY BREATHING; H/O ASTHMA; BRONCHITIS;  
EMPHAZEMA

GASTROINTESTINAL: NAUSEA; VOMITING; ABDOMINAL PAIN; DIARRHEA;  
CONSTIPATION; PASSING BLACK STOOLS; VOMITING BLOOD

GENITOURINARY: BURNING URINATION; BLOOD IN URINE; KIDNEY STONES;  
FOAMING OF URINE; URINARY TRACK INFECTIONS

MUSCULOSKELETAL: ARTHRITIS; GOUT; LUPUS; USE OF OVER THE COUNTER  
PAIN MEDICATION

SKIN: RASH; LUMPS; SKIN CANCER; PSORIASIS

NEURO: SEIZURE; HEADACHE; FAINTING OR BLACKING OUT SPELLS; STROKES;  
MINI STROKES; NEUROPATHY

PSYCHIATRIC: DEPRESSION; ANXIETY

ENDOCRINE: DIABETES; THYROID DISORDER; IMPOTENCE; PARATHYROID

HEMATOLOGIC: EASY BRUISING; PROLONGED BLEEDING; ENLARGED LYMPH  
NODES; LYMPHOMA; LEUKEMIA/BLOODCLOTTS

PRIOR SURGERY HISTORY: APPENDECTOMY; GALL BLADDER; TONSILLS;  
CATARACT; REMOVAL OF ONE KIDNEY—WHY?

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FAMILY HISTORY: HTN; DIABETES; KIDNEY FAILURE/DIALYSIS/TRANSPLANT;  
POLYCYSTIC KIDNEY DISEASE; HEART DISEASE; STROKES

ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_

SOCIAL: SMOKING \_\_\_\_\_ HOW MANY \_\_\_\_\_ HOW LONG \_\_\_\_\_

DRINKING \_\_\_\_\_ HOW MUCH DAILY \_\_\_\_\_

MARRIED \_\_\_\_\_ SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_