Patient name: _____ Date: _____

Date of Birth: _____

Please list your top 3 concerns that need to be addressed today:

1) _____
2) _____
3) _____

Please list other concerns that can be addressed at future visits:

4) _____
5) _____
6) _____

Current Medications (including vitamins and herbal supplements):

1) _____dose_____frequency_____
2) _____dose_____frequency_____
3) _____dose_____frequency_____
4) Continue on back of this page if needed

Rate your perception of your current health status (circle one): Poor, fair, good, very good.

Your health history (please list all surgeries with dates, major health problems (ex. diabetes), major traumas (ex. broken bones), and other health care providers:

Your family's health issues (ex. paternal grandmother – breast cancer at age 40):

PLEASE SEE OTHER SIDE

Name_____ **Date**_____

Report any symptoms you had experienced in recent months by checking YES or NO. Please circle specific symptoms listed.

SYMPTOMS	Yes	No
General: fever, chills, weight or appetite change, fatigue		
Eye: vision problems, eye irritation, eye pain		
Ear, nose, throat: nosebleeds, voice changes, difficulty swallowing, hearing problems, ear pain, ear ringing, nasal congestion or runny nose		
Lungs: chronic cough, shortness of breath, wheezing, snoring or stop breathing while sleeping		
Heart: chest pain or tightness, palpitations, leg swelling		
Abdomen: heartburn, pain, nausea, vomiting, diarrhea, constipation, blood in stool		
Urination: frequent urination, urinary incontinence, pain with urination, blood in urine, urinary urgency		
Male Reproductive: concern about sexually transmitted disease, lump or pain in testicle(s), discharge from penis, sexual dysfunction		
Female Reproductive: concern about sexually transmitted disease, abnormal vaginal discharge, pain with intercourse, heavy or painful periods		
Musculoskeletal: joint pain, joint swelling, joint stiffness, back pain, neck pain, muscle weakness		
Neurological: chronic headache, passing out, confusion, seizures, dizziness, numbness or tingling in hands or feet		
Skin: rash, worrisome moles, other skin concerns		
Mental: sadness, anxiety, substance dependency, feeling unsafe?		
Endocrine: feeling too hot or cold, excessive thirst/hunger/urination		
Hematologic: swollen glands, easy bruising, bleeding from gums		
Other symptoms not listed above…please write in space below		

Please Note: When you click the email form button below, it will create an email for you in your draft folder.

EMAIL FORM