Please complete the following Medical Questionnaire

| Patient Name: | Patient Date of Birth: | Today's Date: |
|---|---|---|
| Reason for Visit: | Primary Care Doctor: | Pharmacy: |
| Current Medications: | Drug | Allergies: 🗆 None (NKDA) |
| Active chronic problems | Past Med | lical History: |
| Past Surgical History | Family History of colon cancer o | f polyps? Family member: □ None |
| Do you smoke? ☐ Yes ☐ No Ald | cohol use:# drinks per week 🛛 N | one |
| Please check any of the followi | ng symptoms you've experienced in the las | st 12 months or since your last visit. |
| Constitutional: | | |
| ☐ Fever | ☐ Feeling Poorly (Malaise) | ☐ Recent Weight Gain (Lbs) |
| ☐ Chills | ☐ Feeling Tired (Fatigue) | ☐ Recent Weight Loss (Lbs) |
| Eyes: | | |
| ☐ Eye Pain | ☐ Eyesight Problems | ☐ Dry Eyes |
| ☐ Red Eyes | ☐ Discharge | ☐ Eyes Itch |
| ENT: | | |
| ☐ Earache | ☐ Nosebleeds (Epistaxis) | ☐ Sore Throat |
| ☐ Loss of Hearing | ☐ Nasal Discharge | □ Hoarseness |
| Respiratory: | | |
| ☐ Shortness of Breath (dyspnea) | ☐ Cough | ☐ Orthopnea (shortness of breath when lying flat) |
| ☐ Wheezing | ☐ Dyspnea on Exertion | ☐ PND (paroxysmal nocturnal dyspnea) |
| Cardiovascular: | | |
| ☐ Chest Pain | ☐ Heart Rate is Fast | ☐ Leg Claudication |
| ☐ Palpitations | ☐ Heart Rate is Slow | ☐ Lower Extremity Edema |
| Gastrointestinal: | | |
| ☐ Abdominal Pain | ☐ Constipation | ☐ Heartburn ☐ Vomiting |
| □ Nausea | ☐ Diarrhea | ☐ Melena (black, "tarry" stools) |
| Genitourinary: | | |
| ☐ Dysuria (painful urination)☐ Hesitancy (Ma | lle only) □ Pelvic Pain (Female only |) Uaginal Discharge(Female only) |
| ☐ Incontinence ☐ Nocturia (Mal | | |
| ☐ Genital Lesion (Male only)☐ Testicular Pair | n (Male only) | only) |
| Musculoskeletal: | | |
| ☐ Arthralgia (pain in a joint) | ☐ Joint Swelling | ☐ Limb Pain |
| ☐ Joint Pain | ☐ Joint Stiffness | ☐ Limb Swelling |
| Skin: | | |
| ☐ Skin Lesions | ☐ Itching | ☐ Dry Skin |
| ☐ Skin Wound | ☐ Change in a Mole | ☐ An Unusual Growth |
| Neurological: | | |
| ☐ Confused | □ Dizziness | ☐ Limb Weakness (Paresis) |
| ☐ Convulsions | ☐ Fainting (Syncope) | ☐ Difficulty Walking |
| Psychiatric: | | |
| ☐ Suicidal | ☐ Anxiety | ☐ Change in Personality |
| ☐ Sleep Disturbances | ☐ Depression | ☐ Emotional Problems |
| Endocrine: | | |
| ☐ Proptosis (abnormal protrusion) | ☐ Muscle Weakness | ☐ Feelings of Weakness |
| ☐ Hot Flashes | ☐ Deepening of the Voice | ☐ Erectile Dysfuntion (Male only) |
| Heme/Lymph: | | |
| ☐ Easy Bleeding ☐ Easy Bruising | ☐ Swollen Glands | ☐ Swollen Glands in the Neck |
| Additional Comments: | | |