

REVIEW OF SYSTEMS / MEDICAL HISTORY FORM

Please List your chief complaint: _____

Recheck of: _____

Circle if you are having any of the following symptoms.

Please circle preferred pharmacy:

CVS	DCMH	
Wal-Mart	George's	Other: _____
Walgreens	Kroger	

CONSTITUTIONAL

Change of Appetite
Fever
Chills
Sweats
Fatigue (Tiredness)
Weight Loss

NEUROLOGICAL

Headache
Poor Balance
Lightheadedness
Tingling
Numbness
Weakness

ENT

Dizziness
Nose Discharge
Ear Pain
Sneezing
Nasal Congestion
Sore Throat

SKIN

Bruising
Rash
Itching
Redness
Laceration
Skin Sores

GI

Abdominal Pain
Rectal Complaints
Diarrhea
Urinary/Bowel Changes
Nausea/Vomiting

GU

Discharge
Painful Urination
Frequent Urination
Sexual Difficulties
Nighttime Urination

RESPIRATORY

Congestion
Wheeze
Cough
Shortness of Breath

CARDIOVASCULAR

Chest Pain/Pressure
Fainting
Fluttering/Palpitations

EYES

Blurred Vision
Eye Discharge
Eye Pain
Double Vision

MUSCULAR

Joint Pain
Muscle Pain
Swelling

PSYCHIATRIC

Anxiety/Nerves
Depression

LYMPH

Frequent Infections
Nodes/Glands

MEDICAL HISTORY

ALLERGIES ****List All That Apply****

LIST ALL CURRENT MEDICATIONS & DOSES

SOCIAL HISTORY ****Circle All That Apply****

Tobacco Use YES / NO
Secondhand Smoke YES / NO
Exercise YES / NO
Recent Travel YES / NO
Alcohol YES / NO
Sexual Activity YES / NO
Street/Unprescribed Drugs YES / NO

PERSONAL HISTORY *** Circle All That Apply ***

Arthritis	Gastrointestinal	Kidney Problems	ENT
Blood Disorder	Genitourinary	Liver Problems, Hepatitis	High Cholesterol
Cancer	Heart Problems	Lung Problems	Thyroid
Diabetes	High Blood Pressure	Musculoskeletal	Psychiatric
Neuro: Stroke, Seizure	Skin Disorders	Sexually Transmitted Disease	

All Immunizations Current And Up-To-Date YES / NO

SURGERIES ***Please Specify***

FAMILY HISTORY *** Please List Who In The Family ***

High Blood Pressure _____	Lung Disease _____
Cancer _____	Kidney/Liver Disease _____
Stroke _____	Heart Disease _____
Sleeping Disorders _____	Cholesterol _____
Other _____	Diabetes _____

Patient Name: _____

DOB: _____

DOS: _____