

Today's visit is related to:

- A car accident
- An incident at work
- None of the above

Do you have a form(s) to be filled out?

- Yes
- No

1.What is your main problem/symptom today:

2.When did your problem/symptom start: __ Days __ Weeks __ Months __ Years ago

3.Location of symptoms/problem :

4.Timing of problem/symptom: Gradual Intermittent Sudden

5.Describe how intense is the problem/symptom: Mild Moderate Severe

6.What makes the problem/symptom worse:

7.What makes the problem/symptom better:

Medications

Prescription or over-the-counter that you are currently taking. None

_____	_____
_____	_____
_____	_____
_____	_____

Depression Screening (Circle Yes or No)

Little interest or pleasure in doing things?

Yes No

Feeling down, depressed or hopeless?

Yes No

Mark any symptoms you are currently having, or mark the normal box.

General

Normal

- Fever
- Swollen glands
- Body ache
- Chills
- Weight loss
- Weight gain
- Nervousness/Anxiety
- Trouble sleeping
- Fatigue

Head

Normal

- Headaches
- Head injury

Nose,Throat & Mouth

Normal

- Sore throat
- Hoarseness/Lost voice
- Nasal stuffiness
- Mucous dripping behind nose into throat
- Runny nose
- Nose bleeds
- Snoring
- Facial/ Tooth pain

Ears

Normal

- Hearing problem
- Pain
- Drainage
- Ringing

Eyes

Normal

- Vision problem
- Pain
- Double vision
- Itchy
- Red
- Crusty

Skin

Normal

- Itching
- Rash

Heart

Normal

- Chest pain
- Irregular heart beat
- Swollen feet

Lungs

Normal

- Trouble breathing
- Cough
- Spitting up blood
- Wheezing
- Unable to sleep due to cough

Digestive

Normal

- Trouble swallowing
- Heartburn
- Nausea
- Vomiting
- Diarrhea
- Constipation
- Red blood in stool
- Black tarry stool
- Hemorrhoids
- Stomach ache

Musculoskeletal

Normal

- Joint pain
- Arm/Leg pain
- Neck pain
- Back pain

Urinary

Normal

- Pain with urination
- Frequent urination
- Difficulty urination
- Bloody urine
- Erectile problem (males)

Neurologic

Normal

- Numbness/Tingling
- Loss of bowel or bladder control
- Dizziness
- Fainting

Gynecologic

N/A

Normal

- Pregnant
- Last menstrual period ____ / ____ / ____
- Abnormal vaginal discharge
- Abnormal menstrual flow

Other Symptoms: _____

Habits

Tobacco/cigarette

- I do not smoke, or
- I smoke _____ Packs/week

Alcohol

- I do not drink alcohol, or
- I drink _____ Drinks/week

Drugs

- I do not use illegal drugs, or
- I use illegal drugs.
Which ones? _____

Name:

Please print.

Chart #

Date: