

Patient Name:

Chart #:

Date:

Today's visit is related to:

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

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

General

Normal

- Fever
- Body ache
- Chills
- Weight loss
- Weight gain
- Depressed mood
- Nervousness/Anxiety
- Trouble sleeping
- Fatigue

Head

Normal

- Headaches
- Head injury

Ears

Normal

- Hearing problem
- Pain
- Drainage
- Ringing

Nose and Throat

Normal

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

Note:

Onset days weeks months years

Timing constant occasional

Severity mild moderate severe

Location

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Physician Signature:

Eyes

Normal

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

Neck

Normal

- Swollen glands
- Neck pain

Heart

Normal

- Chest pain
- Irregular heart beat
- Cold Clammy Sweats
- 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

Urinary

Normal

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

Back

Normal

- Back pain
- Numbness/Tingling of legs
- Loss of bowel or bladder control

Neurologic

Normal

- Dizziness
- Fainting

Skin

Normal

- Rash
- Itching

Gynecologic

N/A

Normal

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

Other Symptoms

Vaccines

1. Interested in Gardasil (HPV vaccine)?
 Yes No I don't know
2. Do you plan to travel internationally in the near future?
 Yes No I don't know
3. When was your last tetanus shot?
year: I don't know

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?

Medications

None

Prescription or over-the-counter that you are currently taking.
