

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers

Name the Drug	Strength	Frequency Taken

Allergies to medications

Name the Drug	Reaction You Had

Symptoms Check (✓) symptoms you currently have or have had in the past year.

CONSTITUTIONAL SYMPTOMS

- Good general health lately
- Recent weight change
- Fever
- Fatigue
- Headaches

EYES

- Eye disease or injury
- Wear glasses/contact lenses
- Blurred or double vision

EAR/NOSE/MOUTH/THROAT

- Hearing loss or ringing
- Earaches or drainage
- Chronic sinus problems or rhinitis
- Nose bleeds
- Mouth sores
- Bleeding gums
- Bad breath or bad taste
- Sore throat or voice change
- Swollen glands in neck

CARDIOVASCULAR

- Heart trouble
- Chest pain or angina pectoris
- Palpitation
- Shortness of breath walking or laying flat
- Swelling of feet, ankles or hands

RESPIRATORY

- Chronic or frequent coughs
- Spitting up blood
- Shortness of breath
- Wheezing

GASTROINTESTINAL

- Loss of appetite
- Change in bowel movements
- Nausea or vomiting
- Frequent diarrhea
- Painful bowel movements or constipation
- Rectal bleeding or blood in stool
- Abdominal pain

GENITOURINARY

- Frequent urination
- Burning or painful urination
- Blood in urine
- Change in force of strain when urinating
- Incontinence or dribbling
- Kidney stones
- Sexual difficulty

MUSCULOSKELETAL

- Joint pain
- Joint stiffness or swelling
- Weakness of muscles or joints
- Muscle pain or cramps
- Back pain
- Cold extremities
- Difficulty in waking

INTEGUMENTARY (skin, breast)

- Rash or itching
- Change in skin color
- Change in hair or nails
- Varicose veins
- Breast pain
- Breast lump
- Breast discharge

PSYCHIATRIC

- Memory loss or confusion
- Nervousness
- Depression
- Insomnia

NEUROLOGICAL

- Frequent or recurring headaches
- Light headed or dizzy
- Convulsions or seizures
- Numbness or tingling sensations
- Tremors
- Paralysis
- Head injury

ENDOCRINE

- Glandular or hormone problem
- Excessive thirst or urination
- Heat or cold intolerance
- Skin becoming dryer
- Change in hat or glove size

HEMATOLOGIC/LYMPHATIC

- Slow to heal after cuts
- Bleeding or bruising tendency
- Anemia
- Phlebitis
- Past transfusion
- Enlarged Glands

ALLERGIC/IMMUNOLOGIC

History of skin reaction or other adverse reaction to:

- Penicillin or other antibiotics
- Morphine, Demerol, or other narcotics
- Novocain or other anesthetics
- Aspirin or other pain remedies
- Tetanus antitoxin or other serums
- Iodine, merthiolate or other antiseptics

Men only

- Breast lump
- Testicle pain
- Erection difficulties
- Lump in testicles
- Penis discharge
- Sore on penis
- Other _____

WOMEN only

- Abnormal Pap smear
- Bleeding between periods
- Breast lump
- Extreme menstrual pain
- Hot flashes
- Nipple discharge
- Painful intercourse
- Vaginal discharge
- Other _____

Date of last menstrual period _____

Date of last Pap Smear _____

Have you had A mammogram? _____

of pregnancies _____

of miscarriages _____

Are you pregnant? _____

Number of children _____