

Name:  
Address:  
Race:  
Tel:

Date:  
Age:  
Religion:

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CC:  
Chief Complaint(s): (own words of symptoms and concerns)

HPI:  
History of present illness: (development, signs and symptoms)

PMH:  
Past medical history: (childhood, adult illnesses, medication, allergies, habits Medical surgical, obstetric, psychiatric life style, immunizations)

FH:  
Family History:  
(Age, health cause of death of parents, siblings, grandparents. Family illnesses, heart disease, hypertension etc.)

Personal and Social History:  
(education, family origin, household, personal interests, lifestyle, pets)

Diet:

**ROS:**  
**Review of Symptoms**

**General:**

Weight  
Weakness

Recent weight changes  
Fatigue

Fever

**Skin:**

Rashes  
Itching  
Nail or hair changes

lumps  
dryness

sores  
color change

**Head:**

Headache  
lightheadedness

head injury

dizziness

**Eyes:**

Vision  
Last examination  
tearing,  
Flashing lights

glasses or contact lenses  
pain  
double vision  
glaucoma

redness excessive  
spots specks  
cataracts

**Ears:**

Hearing  
Earaches  
decreased

tinnitus  
ear infection  
hearing aids

vertigo  
discharge Hearing

**Nose:**

Frequent colds  
Itching,  
Sinus trouble

nasal stuffiness  
hay fever

discharge  
nosebleeds

**Mouth:**

Teeth  
Dentures fit?  
Sore tongue

gums bleeding  
Last dental exam

**Throat:**

Sore throat

**Neck:**

Lumps  
Pain

swollen glands  
stiffness

goiter



**FEMALES:**

Age at menarche  
Regularity  
duration  
Bleeding: between periods  
Dysmenorrheal  
Age at menopause  
Postmenopausal bleeding  
Before 1971 exposure to DES  
Vaginal discharge  
Sores  
hx of STD  
Number of pregnancy  
Abortions  
Induced  
birth control methods  
interest function  
problems  
HIV exposure

LMP  
Frequency  
amount of bleeding  
after intercourse  
premenstrual tension  
menopausal sx.  
  
Itching  
lumps  
TX  
type of delivery  
spontaneous  
complications of pregnancy  
Sexual preference  
satisfaction  
dyspareunia

**Peripheral Vascular:**

Intermittent claudicating  
Varicose veins

leg cramps  
past clots in veins

**Musculoskeletal:**

Muscle or joint pain  
Gout  
Location of affected areas  
swelling  
Tenderness  
Limitation of motion or activity  
Timing of occurrence  
Duration  
History of trauma

stiffness  
backache  
  
redness  
weakness

arthritis

**Neurologic:**

Fainting  
Weakness  
Loss of sensation  
Involuntary movements

blackouts  
paralysis  
tingling

seizures  
numbness  
tremors

**Endocrine:**

Thyroid trouble  
Excessive sweating  
Excessive hunger  
change in glove/shoe size

heat/cold tolerances  
excessive thirst  
polyuria

**Hematologic:**

Anemia  
Easy bleeding  
reactions

easy bruising  
past transfusions

transfusion

**Psychiatric:**

Nervousness  
Mood  
Depression  
Memory change  
Diagnosis

tension

suicide

**Additional information:**

Signature

Date