

Physician Signature _____

Date _____

Patient Name _____

Date of birth: _____

Please check box if you have had any problems in any of the designated areas.

- General** Normal
- Fever
 - Weight change
 - Night sweats
 - Chills
 - Loss of sleep/fatigue
 -
 -

- Breast** Normal
- Lump
 - Pain
 - Nipple discharge
 - Infection
 -

- Skin** Normal
- Rash/Bruise easily
 - Cancer
 - Abnormal moles

- Infectious Diseases** Normal
- HIV/AIDS
 - Tuberculosis
 - Hepatitis A
 - Hepatitis B
 - Hepatitis C
 - STD
 - MRSA
 -
 -

Other Problems:

- Cardiac** Normal
- Pacemaker
 - Defibrillator
 - Bypass surgery
 - High blood pressure
 - Heart disease
 - Poor circulation
 - Heart attack

- Pulmonary** Normal
- Cough/Sputum
 - Bronchitis
 - Asthma
 - Shortness of breath
 - Pneumonia
 -
 -

- Endocrine** Normal
- Diabetes
 - Thyroid disease
 - High cholesterol
 -

- Dental** Normal
- Dentures/Gum disease
 - Other
 -
 -
 -

- Gastrointestinal** Normal
- Nausea/vomiting/diarrhea
 - Colon polyp or cancer
 - Irritable bowel disease
 - Poor appetite
 - Hiatal hernia or reflux
 - Ulcer
 - Liver disease
 - Abdominal pain
 - Hernia
 - Rectal bleeding or hemorrhoids
 -

- GU** Normal
- Kidney disease of kidney stone
 - Prostate
 - Blood in urine
 - Difficulty urinating
 - Incontinence

- Hematological/Lymphatic** Normal
- Bleeding disorder
 - Blood clots
 - Swollen lymph nodes
 - Anemia
 - Blood transfusions
 -
 -

- Immune System** Normal
- Organ transplant
 - Type: _____
 - Previous/Current cancer
 - Type: _____
 -
 -

- Neurological** Normal
- Stroke/Paralysis/Seizure
 - Dizziness/Weakness/Fainting
 - Headaches
 - Alzheimer's
 -

- Eyes** Normal
- Blurred or double vision
 - Glasses or contacts
 - Glaucoma or retinopathy

- ENT**
- Hearing loss/hearing aid
 - Ear infection
 - Sinus problems/Runny nose
 - Nose bleed
 - Hoarseness/Sore throat
 -
 -

OB-GYN Normal

- Currently pregnant
- Trying to conceive

1st period _____

1st pregnancy _____

Breast fed ___Yes ___No

Menopause _____

Family history of breast cancer

Hormone therapy ___Yes ___No