

SOCIAL HISTORY

Do you use tobacco? **YES** **NO**
 Number of packs per day _____
 Years of tobacco? _____

Do you use alcohol? **YES** **NO**
 Amount and frequency _____

Have you ever been treated for depression? **YES** **NO**
 Are you currently in treatment? **YES** **NO**
 If yes, please indicate the name of you physician or therapist

Have you ever been hospitalized for mental illness? **YES** **NO**

SYSTEM REVIEW: PLEASE CIRCLE ALL THAT APPLY

Constitutional
 Fatigue
 Tiredness
 Recent Weight Loss
 Fever
 Night Sweats
 Abnormal Bleeding

Head and Neck
 Blurred vision
 Double vision
 Loss of vision
 Loss of hearing
 Vertigo Sinus Congestion
 Runny Nose
 Sneezing
 Loss of smell
 Sinus infection
 Sore throat
 Difficulty Swallowing
 Hoarseness
 Lump in neck
 Pain swallowing

Cardiovascular
 Chest pain
 Pain in arm/neck
 Heart attack
 Palpitations
 Heart pounding
 Stroke
 Heart murmur
 Pain in legs
 Cold feet
 Loss of pulses
 Low blood pressure
 High blood pressure
 Abnormal heart beats

Respiratory
 Shortness of breath
 Asthma
 Wheezing
 Cough
 Bloody Sputum
 Emphysema
 Pneumonia
 Bronchitis
 Difficulty sleeping flat
 Waking at night short of breath

Gastrointestinal
 Jaundice
 Hepatitis
 Cirrhosis
 Vomiting
 Nausea
 Heartburn
 Abdominal pain
 Diarrhea
 Constipation
 Pain with bowel movements
 Blood in stool
 Hemorrhoids
 Change in stool size
 Irritable bowel
 Colitis

Genitourinary
 Blood in urine
 Frequent urination
 Leakage of urination
 Pain with urine
 Trouble starting urine
 Kidney stones
 Bladder infection

Men
 Discharge from penis
 Loss of erection

Women
 Vaginal Discharge
 Abnormal Vaginal bleeding
 Irregular Periods
 Hysterectomy
 Pap exam w/in last year

Musculoskeletal
 Pain in joints
 Muscular aches
 Swelling of joints
 Arthritis
 Pain in hips
 Pain in knees
 Pain in ankles
 Pain in feet
 Lower back pain
 Herniated disk
 Sciatica
 Numbness in feet or legs
 Abnormal lumps or masses

Endocrine
 Hyperthyroid
 Hypothyroid
 Goiter
 Previous radiation
 Diabetes
 Adrenal gland tumor
 Previous steroid use
 Swollen glands

Skin/Breast
 Skin Cancer
 Abnormal Moles
 Burns
 Rash
 Breast Mass
 Nipple Discharge
 Mammogram w/in
 in last year

Neurological
 Seizures
 Convulsions
 Fainting
 Vertigo
 Light Headedness
 Falling
 Muscle weakness
 Numbness
 Tremors
 Stroke
 Loss of
 consciousness

Psychological
 Depression
 Nervousness
 Anxiety
 Suicidal thoughts
 Suicide attempts
 Schizophrenia
 Anorexia
 Bulimia
 Binge eating
 Counseling
 Hospitalization for
 emotional problem

Patient name: _____