

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**What is the purpose of today's visit?**

**Routine Follow-up Visit or Urgent Care Visit**

Any specific concerns?

\_\_\_\_\_

\_\_\_\_\_

or

**Annual Physical or Medicare Annual Wellness Visit**

Do you have any concerns that you would like addressed in addition to your routine physical?

(Most insurers will cover preventive/annual physicals at 100% but if additional issues are addressed, you may receive a bill for a problem/sick visit)

\_\_\_\_\_

**Have there been any changes to your medications since your last visit (new / discontinued / dosage changed)?**

**Please check any symptoms *currently or recently* experienced within the past month:**

**GENERAL**

- fever
- chills
- abnormal weight gain
- abnormal weight loss
- fatigue

**EYES**

- decreased vision
- double vision
- eye pain

**EARS / NOSE / THROAT**

- decreased hearing
- difficulty swallowing
- dizziness
- hoarseness
- sinus congestion
- sore throat
- runny nose
- ear ache

**HEART / CIRCULATION**

- chest pain
- fainting
- pain in legs with exertion
- palpitations
- shortness of breath at night
- shortness of breath when lying down
- shortness of breath with exertion
- swelling of hands or feet

**LUNGS**

- chest pain
- shortness of breath
- cough
- wheezing

**GASTROINTESTINAL**

- abdominal pain
- blood in stools
- change in bowel habits
- constipation
- diarrhea
- frequent indigestion
- nausea
- vomiting
- vomiting blood
- heartburn
- difficulty swallowing

**GENITOURINARY**

- abnormal vaginal discharge
- decreased urination
- burning with urination
- blood in urine
- loss of bladder control
- urination at night
- frequent urination
- heavy periods
- severe menstrual cramps

**MUSCULOSKELETAL**

- back pain
- neck pain
- joint pain
- joint swelling
- muscle pain
- muscle weakness

**SKIN**

- rash
- change in moles
- suspicious spots on skin

**NEUROLOGIC**

- dizziness

- fainting

- headaches
- numbness
- weakness
- seizures
- tremors

**MENTAL HEALTH**

- anxiety
- depression
- thoughts of suicide
- eating disorder

**METABOLISM**

- feeling colder than people around you
- excessive urination
- excessive thirst
- feeling warmer than people around you
- weight change

**HEMATOLOGY**

- abnormal bruising
- abnormal bleeding
- enlarged lymph nodes

**ALLERGY**

- bee sting allergy
- food allergies
- hives
- persistent infections

**BREAST**

- left breast lump
- right breast lump
- nipple discharge
- bloody nipple discharge
- breast pain
- abnormal mammogram
- breast enlargement

**\*\*Please give completed form to your medical provider\*\***