

Account No. _____

Crescent Healthcare

Date _____

Patient Name _____
 M F Marital Status: S M D W

Medications - Dose, Directions & Frequency	1. _____	5. _____
Pharmacy:	2. _____	6. _____
Medicine Allergies:	3. _____	7. _____
	4. _____	8. _____

Tobacco & Amount: _____ Cigarettes, Cigars, Pipe, Snuff, Chewing, None

Alcohol: _____

Check any that apply:

Heart Attack _____ Diabetes _____ Cancer _____ Type _____
 Stroke _____ High Blood Pressure _____ Thyroid Problem _____

Family History: (List who had)

Cancer, Type _____
 Stroke, Heart Disease, TB, Hypertension, Diabetes _____
 Elevated Lipids, Thyroid, Kidney _____

	<u>HEALTH</u>	<u>AGE</u>	<u>CAUSE OF DEATH</u>	<u>AGE OF DEATH</u>
Father:	_____	_____	_____	_____
Mother:	_____	_____	_____	_____

Injections:

Tetanus/Diphtheria _____ Shingrix _____
 Pneumovax _____ Prevnar _____ Zostavax _____
 Flu Vaccine _____ TB/PPD _____
 Hepatitis _____ Received Blood Transfusion _____

Last PAP: _____ Last Mammogram: _____ Last PSA: _____

Last Colonoscopy: _____

Chief Complaint: _____

Past Medical History: _____

Hospitalizations (non-surgical)

Surgery (list)

Review of Systems (circle those which apply)

Systemic complaints

fever chills nightsweats weight loss lack of energy malaise

Neurological

headaches epilepsy (seizures) blackout spells dizziness vertigo poor balance numbness stroke
pins and needles sensation or numbness in feet

Eyes

loss of vision glaucoma macular degeneration dry eyes drainage itching pain redness

Ears

difficulty hearing painful ear lobe deep pain in ear drainage ringing in ears

Nose

allergies drainage stuffiness sneezing nose bleeds nasal polyps

Throat

sore throat sores in mouth

Endocrine

diabetes excessive thirst excessive urination dry mouth low thyroid or high thyroid condition dry skin
change in tolerance of hot or cold enlarged thyroid excessive body hair loss of hair

Respiratory

asthma wheezing emphysema cough coughing up phlegm or sputum coughing up blood
shortness of breath with activity waking up at night short of breath

Cardiac

hypertension shortness of breath with activity, when lying down or awakening at night short of breath
heart attack murmur palpitations mitral valve prolapse pain in legs when walking chest pain phlebitis

Gastrointestinal

nausea vomiting loss of appetite diarrhea constipation difficulty swallowing abdominal pain heartburn
tarry stools blood in stools ulcer disease colon polyps hemorrhoids hernia jaundice hepatitis

Urinary

frequent urinary infections painful urination frequency of urination blood in urine loss of control of urine
kidney stones getting up at night to urinate difficulty starting and stopping urine

Genital-male

unable to get an erection penile discharge genital sores lack of sexual interest herpes
sexually transmitted diseases

Genital-female

vaginal discharge irregular periods painful periods painful intercourse pelvic pain genital sores
lack of sexual interest herpes sexually transmitted diseases

Number of pregnancies_____ miscarriages_____ abortions_____ live births_____ living children_____

Musculoskeletal

stiffness of joints pain in joints swelling of joints gout rheumatoid arthritis lupus scleroderma
circle joints involved: neck, back, shoulders, elbows, hands, hips, knees, feet

Psychiatric

depression frequent crying suicidal thoughts anxiety panic attacks hyperventilation memory loss
difficulty going to sleep awakening from sleep hallucinations irritability

Skin

sun sensitivity rash dryness change in texture itching change in color or appearance of mole skin cancer