



**Medications**

Medications and Dosage	Reason and comments
_____	_____
_____	_____
_____	_____
Preferred Pharmacy: _____	Phone: _____

**Past Medical and Surgical History**

List all medical history and past surgeries	Date (year) and comments
_____	_____
_____	_____
_____	_____
_____	_____

**Physicians Involved in Your Care**

List all past and current physicians	Telephone and email
_____	_____
_____	_____
_____	_____
_____	_____

..... For adult female patients only .....

Mammogram (dates & results) \_\_\_\_\_  
Pap smear (dates & results) \_\_\_\_\_  
Number of pregnancies & births \_\_\_\_\_  
Did you breast-feed? (Yes or No) \_\_\_\_\_  
\*\*Last menstrual cycle \_\_\_\_\_

.....  
**For Parent/Guardian of patient**

Has child been vaccinated?? \_\_\_\_\_ In the state of Florida? \_\_\_\_\_  
Is child up to date of vaccines? \_\_\_\_\_



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

**Adult patients**

Have you had any of the following symptoms in the past 60 days?

(Please circle symptoms you have and describe)

Constitutional (fever, weight loss, fatigue, loss of appetite) \_\_\_\_\_

Eyes (double vision, blurring, glasses) \_\_\_\_\_

ENT, Mouth (deafness, sinusitis, dizziness) \_\_\_\_\_

Heart (chest pain, murmur, irregular beats) \_\_\_\_\_

Circulation (high blood pressure) \_\_\_\_\_

Respiratory (asthma, shortness of breath, chronic cough, spitting up blood) \_\_\_\_\_

GI (appetite, diarrhea, constipation, nausea/vomiting) \_\_\_\_\_

Urinary (problem urinating, burning or painful, blood in urine) \_\_\_\_\_

GYN (menstrual problems, pregnancies) \_\_\_\_\_

Musculoskeletal (arthritis, stiffness) \_\_\_\_\_

Skin (acne, rash or itching, change in skin color, change in nail color) \_\_\_\_\_

Breast (lump, pain, discharge) \_\_\_\_\_

Neurological (seizures, stroke, headaches, weakness, balance) \_\_\_\_\_

Psychiatric (depression, mood liability) \_\_\_\_\_

Endocrine (thyroid problems) \_\_\_\_\_

Hematologic (bleeding tendency, anemia) \_\_\_\_\_

Lymphatic (enlarged lymph nodes) \_\_\_\_\_

Infectious disease (hepatitis, TB, HIV/AIDS) \_\_\_\_\_





