

Medications and dosages:	Allergies:
1.	
2.	
3.	
4.	Hospitalizations:
5.	1. 2.
6.	3. 4.
7.	5. 6.
8.	Surgeries:
Injuries:	

Immunization - When did you last have? (mm/yyyy)

Immunizations: Tetanus ___ Pneumonia ___ Flu ___ TB ___ Hepatitis B ___ Other _____

Review of Systems:

General:

Fatigue
Fever/Chills
Weight gain/loss
Appetite change

Gastrointestinal:

Nausea/Vomiting
Diarrhea
Constipation
Heartburn/indigestion
Abdominal pain
Difficulty swallowing

Neurologic & Psychiatric:

Anxiety/Depression
Numbness
Weakness
Forgetfulness

HEENT:

Headache
Vision changes
Ear pain/pressure
Nasal congestion
Nasal/sinus drainage
Sore throat

Genitourinary:

Frequent urination
Urgency
Incontinence
Painful urination
Blood in urine

Hematologic/Lymphatic:

Abnormal bleeding or bruising
Swollen glands

Respiratory:

Cough
Wheezing
Shortness of breath

Musculoskeletal:

Joint pain
Muscle pain
Weakness
Backache

Endocrine:

Excessive thirst/hunger
Heat/cold intolerance

Cardiovascular:

Chest pain
Irregular/rapid heartbeat
Pain or swelling in legs

Skin:

Rash
Itching
Changing mole

GYN/Breast:

Abnormal periods
Vaginal discharge
Breast lump
Nipple discharge
