



410 Genesis, Suite-C Webster, TX 77598

## Confidential

Patient Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Date of Physical Examination \_\_\_\_\_

What is your reason for visit? \_\_\_\_\_

### Symptoms

Check (✓) symptoms you currently have or have had in the past year.

#### GENERAL

- Chills
- Depression Dizziness
- Fainting
- Fever
- Forgetfulness
- Headache
- Loss of sleep
- Loss of weight
- Nervousness
- Numbness
- Sweats

#### MUSCLE/JOINT/BONE

- Pain, weakness, numbness in:
- Arms             Hips
  - Back             Legs
  - Feet             Neck
  - Hands           Shoulders

#### GENITO-URINARY

- Blood in urine
- Frequent urination
- Lack of bladder control
- Painful urination

#### GASTROINTESTINAL EYE, EAR, NOSE, THROAT

- Appetite poor
- Bloating
- Bowel changes
- Constipation
- Diarrhea
- Excessive hunger
- Excessive thirst
- Gas
- Hemorrhoids
- Indigestion
- Nausea
- Rectal bleeding
- Stomach pain
- Vomiting
- Vomiting blood
- Bleeding gums
- Blurred vision
- Crossed eyes
- Difficulty swallowing
- Double vision
- Earache
- Ear discharge
- Hay fever
- Hoarseness
- Loss of hearing
- Nosebleeds
- Persistent cough
- Ringing in ears
- Sinus problems
- Vision – Flashes
- Vision – Halos

#### CARDIOVASCULAR

- Chest pain
- High blood pressure
- Irregular heart beat
- Low blood pressure
- Poor circulation
- Rapid heart beat
- Swelling of ankles
- Varicose veins

#### SKIN

- Bruise easily
- Hives
- Itching
- Change in moles
- Rash
- Scars
- Sore that won't heal

#### MEN only

- Breast lump
- Erection difficulties
- Lump in testicles
- Penis discharge
- Sore on penis
- Other

#### WOMEN only

- Abnormal Pap Smear
- Bleeding between periods
- Breast lump
- Extreme menstrual pain
- Hot flashes
- Nipple discharge
- Painful intercourse
- Vaginal discharge
- Other

Date of last menstrual period \_\_\_\_\_

Date of last Pap Smear \_\_\_\_\_

Have you had a mammogram? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Number of children \_\_\_\_\_

#### Covid Vaccine?

If so, how many? \_\_\_\_\_

### Conditions

Check (✓) conditions you currently have or have had in the past year.

<input type="checkbox"/> AIDS	<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Anemia	<input type="checkbox"/> Anorexia
<input type="checkbox"/> Appendicitis	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Breast Lump	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Bulimia	<input type="checkbox"/> Cancer
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Chemical Dependency	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Emphysema	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Goiter
<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Gout	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Hernia	<input type="checkbox"/> Herpes	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> HIV Positive
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Measles	<input type="checkbox"/> Migraine Headaches
<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Mumps
<input type="checkbox"/> Pacemaker	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Polio	<input type="checkbox"/> Prostate Problem
<input type="checkbox"/> Psychiatric Care	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Stroke
<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Thyroid Problems	<input type="checkbox"/> Tonsillitis	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Typhoid Fever	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Vaginal Infections	<input type="checkbox"/> Venereal Disease

#### Medications

List Medication you are currently taken


#### Allergies




