

NEW PATIENT CONSULTATION

NAME/DOB: \_\_\_\_\_

DATE: \_\_\_\_\_

PAST SURGICAL HISTORY:

- \_\_\_ GALLBLADDER \_\_\_ STOMACH
\_\_\_ APPENDIX \_\_\_ HEMORRHOIDS
\_\_\_ UTERUS \_\_\_ ESOPHAGUS
\_\_\_ OVARIES \_\_\_ HEART:
\_\_\_ COLON \_\_\_ BYPASS
\_\_\_ LUNGS \_\_\_ STENTS
\_\_\_ HERNIA \_\_\_ VALVES
\_\_\_ KNEE \_\_\_ DEFIBRILLATOR
\_\_\_ HIP \_\_\_ PACEMAKER

PAST MEDICAL HISTORY:

- \_\_\_ HIGH BLOOD PRESSURE
\_\_\_ DIABETES
\_\_\_ HIGH CHOLESTEROL
\_\_\_ ARTHRITIS: \_\_\_ DJD \_\_\_ RA
\_\_\_ EMPHYSEMA OR ASTHMA
\_\_\_ CONGESTIVE HEART FAILURE
\_\_\_ ARRHYTHMIAS: \_\_\_ A.FIB \_\_\_ V.FIB
\_\_\_ CORONARY DISEASE
\_\_\_ STROKES
\_\_\_ SLEEP APNEA
\_\_\_ THYROID
\_\_\_ SEIZURES
\_\_\_ KIDNEY DISEASE
\_\_\_ PARKINSON'S
\_\_\_ MIGRAINE HEADACHE
\_\_\_ CANCER
\_\_\_ FIBROMYALGIA
\_\_\_ OTHER: \_\_\_\_\_

PAST G.I. HISTORY:

- \_\_\_ ACID REFLUX DISEASE
\_\_\_ PUD (ULCERS)
\_\_\_ IBS (IRRITABLE BOWEL)
\_\_\_ CROHN'S
\_\_\_ COLON CANCER
\_\_\_ DIVERTICULITIS
\_\_\_ ULCERATIVE COLITIS
\_\_\_ PROCTITIS
\_\_\_ CIRRHOSIS
\_\_\_ HEPATITIS \_\_\_ C \_\_\_ B
\_\_\_ COLON POLYPS
\_\_\_ PANCREATITIS
FAMILY HISTORY:
\_\_\_ COLON POLYPS
\_\_\_ COLON CANCER
\_\_\_ LIVER DISEASE
\_\_\_ PANCREATIC CANCER
\_\_\_ UTERINE OR OVARIAN CANCER
\_\_\_ CROHN'S DISEASE
\_\_\_ ESOPHAGEAL CANCER

SOCIAL HISTORY:

SMOKER \_\_\_ Y \_\_\_ N HOW MUCH PER DAY \_\_\_\_\_
ALCOHOL \_\_\_ Y \_\_\_ N HOW MUCH PER DAY \_\_\_\_\_
COFFEE \_\_\_ Y \_\_\_ N HOW MUCH PER DAY \_\_\_\_\_
SODAS \_\_\_ Y \_\_\_ N HOW MUCH PER DAY \_\_\_\_\_
OCCUPATION: \_\_\_\_\_

IMMUNIZATIONS:

FLU \_\_\_ Y \_\_\_ N DATE \_\_\_\_\_
PNEUMOCOCCAL \_\_\_ Y \_\_\_ N DATE \_\_\_\_\_ BONE DENSITY \_\_\_ Y \_\_\_ N DATE \_\_\_\_\_
HAVE YOU EVER HAD A COLONOSCOPY? \_\_\_ Y \_\_\_ N WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

REVIEW OF SYSTEMS: PLEASE ✓ BELOW IF EXPERIENCED OVER LAST 2 WEEKS

III: 1 IV: 2-9 V: 10

MEDICATION:

- 1. \_\_\_\_\_ DOSAGE \_\_\_\_\_
2. \_\_\_\_\_ DOSAGE \_\_\_\_\_
3. \_\_\_\_\_ DOSAGE \_\_\_\_\_
4. \_\_\_\_\_ DOSAGE \_\_\_\_\_
5. \_\_\_\_\_ DOSAGE \_\_\_\_\_
6. \_\_\_\_\_ DOSAGE \_\_\_\_\_
7. \_\_\_\_\_ DOSAGE \_\_\_\_\_
8. \_\_\_\_\_ DOSAGE \_\_\_\_\_
9. \_\_\_\_\_ DOSAGE \_\_\_\_\_
10. \_\_\_\_\_ DOSAGE \_\_\_\_\_

NEUROLOGIC:

- \_\_\_ FREQUENT HEADACHE
\_\_\_ TREMOR

CARDIOVASCULAR:

- \_\_\_ CHEST PAIN
\_\_\_ FAINTING

DRUG ALLERGIES:

- 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

MUSCULO-SKELETAL:

- \_\_\_ ARTHRITIS
\_\_\_ SORE MUSCLES

GENERAL:

- \_\_\_ LOSS OF APPETITE
\_\_\_ WEIGHT LOSS
\_\_\_ FEVER

PSYCHIATRIC:

- \_\_\_ ANXIETY
\_\_\_ DEPRESSION

RESPIRATORY:

- \_\_\_ HOARSNESS OR COUGH
\_\_\_ SHORT OF BREATH

HEMTOLOGIC:

- \_\_\_ EASY BRUISING
\_\_\_ ANEMIA

ENDOCRINE:

- \_\_\_ THIRSTY
\_\_\_ 2 HOT/2 COLD

PHARMACY \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FOR DOCTOR USE ONLY

PHYSICAL EXAM: WT. \_\_\_\_\_ HT \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_ BMI \_\_\_\_\_

III: 6B IV: 2B/6 V: 2B/9

GENERAL:

GROOMING: \_\_\_ NORMAL \_\_\_ ABNORMAL
NUTRITION: \_\_\_ NORMAL \_\_\_ ABNORMAL

NECK:

\_\_\_ SUPPLE \_\_\_ ABNORMAL
THYROID: \_\_\_ NORMAL \_\_\_ ABNORMAL

RESPIRATORY:

AUSCULTATION: \_\_\_ CLEAR \_\_\_ ABNORMAL
RESP. EFFORT: \_\_\_ NORMAL \_\_\_ ABNORMAL

CARDIOVASCULAR:

\_\_\_ RRR \_\_\_ IRR
\_\_\_ NO MURMUR \_\_\_ +MURMUR \_\_\_\_\_
CAROTIDS \_\_\_ NORMAL \_\_\_ ABNORMAL

LYMPHATIC:

CERVICAL NODES: \_\_\_ NORMAL \_\_\_ ABNORMAL
SUPRACLAV. NODES: \_\_\_ NORMAL \_\_\_ ABNORMAL

MUSCULO-SKELETAL:

GAIT: \_\_\_ NORMAL \_\_\_ ABNORMAL
DIGITS/NAILS: \_\_\_ NORMAL \_\_\_ CLUBBING/CYAN.

SKIN:

INSPECTION: \_\_\_ NORMAL \_\_\_ ABNORMAL
TURGOR: \_\_\_ NORMAL \_\_\_ ABNORMAL

ABDOMINAL:

TENDERNESS: \_\_\_ NONE \_\_\_ ABNORMAL
LIVER/SPLEEN: \_\_\_ NORMAL \_\_\_ ABNORMAL
MASS: \_\_\_ NONE \_\_\_ ABNORMAL
HERNIA: \_\_\_ NONE \_\_\_ VENTRAL \_\_\_ INGUINAL
OTHER: \_\_\_\_\_

PSYCHIATRIC:

MOOD: \_\_\_ NORMAL \_\_\_ ANXIOUS \_\_\_ DEPRES.
ORIEN.: \_\_\_ NORMAL X3 \_\_\_ ABNORMAL
INSIGHT: \_\_\_ NORMAL \_\_\_ POOR
MEMORY: \_\_\_ NORMAL \_\_\_ POOR