

Woodrail General Internal Medicine/Pediatrics

Return Patient History Form

1. Have you been diagnosed with any new medical conditions or had surgery since you were last seen in this clinic?

NO

YES

Explain: _____

2. Have you been to the Emergency Room or admitted to the hospital since you were last seen in this clinic?

NO

YES

Explain: _____

3. Have you seen any other physicians or specialists since your last visit to this clinic?

NO

YES

Explain: _____

4. Has anyone in your family been diagnosed with any new medical condition since you were last seen in this clinic?

NO

YES

Explain: _____

5. Has there been any change to your personal or social situation since you were last seen here? (i.e. new job, change in living situation, smoking cessation or alcohol cessation)

NO

YES

Explain: _____

6. Do you have any new drug allergies since you were last seen here?

NO

YES

Explain: _____

REVIEW OF SYMPTOMS: Please mark the box and/or circle any **persistent** symptoms you have had in the **past few months**. Read through every section and check “no problems: if none of the symptoms apply to you. List other concerns above.

General:

- Fever/ Chills
- Night Sweats
- Unexplained Weakness
- Excessive Fatigue
- Decreased Activity
- Unexplained Weight Loss/ Gain
- No Problems**

Eye:

- Eye Mattering/Discharge
- Blindness
- Blurred/Double Vision
- Glasses/Contact Lenses
- No Problems**

Ear/Nose/Throat:

- Nose Bleeds
- Nasal Congestion
- Sore Throat/Hoarseness
- Trouble Swallowing
- Hearing Loss
- Ear Pain
- Dental Cavities
- No Problems**

Skin:

- Rash
- Itching
- New Change in Mole
- Hair Loss/Change
- Change in Nails
- No Problems**

Respiratory:

- Shortness of Breath
- Cough
- Wheezing
- Loud Snoring
- Short of Breath – Exercise
- Short of Breath – Lying Down
- Coughing up Blood
- Coughing up Phlegm
- No Problems**

Cardiovascular:

- Chest Pain/Discomfort
- Heart Palpitations
- Swelling in Legs/Feet
- No Problems**

Gastrointestinal:

- Nausea/Vomiting
- Diarrhea
- Blood in Stools
- Hemorrhoids
- Constipation
- Abdominal Pain
- Heartburn/Reflux
- Indigestion
- Bloating
- Loss of Bowel Control
- Problems Eating
- Loss of Appetite
- Excessive Gas
- Rectal Pain
- No Problems**

Genitourinary:

- Leaking Urine
- Blood in Urine
- Nighttime Urination
- Urinating More Often
- Discharge: Penis or Vagina
- Concerns w/ Sexual Function
- Testicular Pain/lumps
- No Problems**

Musculoskeletal:

- Back Pain
- Neck Pain
- Muscle Aches/Cramps
- Joint Pain
- Muscle Weakness
- Decreased Joint Motion
- Joint Stiffness
- No Problems**

Hematologic/Lymphatic:

- Bruise Easily
- Bleeding Tendency
- Swollen Glands
- No Problems**

Endocrine:

- Heat Sensitivity
- Cold Sensitivity
- Excessive Thirst
- Excessive Hunger
- High/Low Blood Sugar
- No Problems**

Neurological:

- Headache
- Memory Loss/Confusion
- Fainting
- Dizziness
- Numbness/Tingling
- Unsteady Gait
- Frequent Falls
- Tremors
- Seizures
- No Problems**

Psychiatric:

- Anxiety/Stress/Irritability
- Sleep Problems
- Lack of Concentration
- Change in Behavior
- Change in Personality
- Anorexia
- Binging/Purging
- No Problems**

Women Only:

- Pre-Menstrual Symptoms
- Excessive/Irregular Bleeding
- Hot Flashes/Night Sweats
- No Problems**

Breasts:

- Breast Lump/Pain
- Nipple Pain
- Nipple discharge
- No Problems**