

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Other Health Providers: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

How and when did the injury occur? \_\_\_\_\_

Please describe the symptoms which prompted you to see us: \_\_\_\_\_

**REVIEW of SYSTEMS - Please mark an "X" if you have had any of the following**

**CARDIOVASCULAR**

- High blood pressure
- Chest discomfort
- Angina
- Heart attack
- Shortness of breath
- Difficulty breathing when lying down
- Wake up at night short of breath
- Congestive heart failure
- Elevated cholesterol, Triglycerides, lipids
- Passing out
- Palpitations or flutters
- Swelling of the ankles
- Heart valve disease
- Murmur
- Leg pain while walking
- Phlebitis
- Varicose veins
- Blood clots

**RESPIRATORY**

- Emphysema
- Asthma

**NEUROLOGICAL**

- Headache or migraines
- Head injury
- Concussion
- Loss of consciousness
- Stroke
- Seizures
- Numbness, weakness, or loss of feeling in arm/leg
- Temporary difficulty speaking
- Temporary loss of vision
- TIAs

**GASTROINTESTINAL**

- Indigestion
- Gastroesophageal Reflux (GERD)
- H. pylori
- Hiatal hernia
- Ulcers
- Irritable Bowel Syndrome

**ENDOCRINE**

- Thyroid problem
- Diabetes

**CONSTITUTIONAL**

- Weight Gain/loss
- Fatigue

**HEMATOLOGY**

- Bleeding problems
- Anemia

**GENITOURINARY**

- Sexual dysfunction
- Prostate
- Kidney
- OB/GYN
- Children
- LMP
- Menopause

**PSYCHIATRIC**

- Anxiety
- Depression
- Other

**MUSCULOSKELETAL**

- Joint pain
- Arthritis

Other Symptoms: \_\_\_\_\_

Flu shot this year?  Yes  No    Pneumonia vaccination in the past?  Yes  No    What year? \_\_\_\_\_

**PAST MEDICAL HISTORY**

Name any serious illnesses you have including childhood illnesses and hospitalizations: \_\_\_\_\_

Operations and Surgeries: \_\_\_\_\_

 Patient Signature \_\_\_\_\_ DATE \_\_\_\_\_

*The above information is true and correct to the best of my belief.*

MD signature \_\_\_\_\_ DATE \_\_\_\_\_

Intake form reviewed and confirmed with patient  Yes  No