

Date: _____

PATIENT QUESTIONNAIRE – INTERVAL MEDICAL HISTORY

The purpose of obtaining this information is to develop a comprehensive picture of your background. By completing these questions to the best of your ability, you will make it possible for your doctor to evaluate and treat you in the best clinical manner. This sheet will be a part of your medical record and will be considered CONFIDENTIAL INFORMATION.

Patient Name: _____ **Age:** _____ **DOB:** _____

Preferred Pharmacy: _____ **City:** _____ **Phone:** _____

Height: _____ **Weight:** _____ **First day of your last period(LMP):** _____

Reason for today's visit: _____

Method of Birth Control: _____

Since your last annual exam with us, have there been ANY CHANGES in your:

Medical History:	
Surgical History:	
Family History:	
Hospitalization:	
Allergies:	

Have you ever had a reaction to? Latex Band-Aids Rubber Gloves

MEDICATIONS (with dose and frequency): *List all medications you are currently taking (attach a list if necessary).*

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Additional Medications:

Marital Status: Single Engaged Married Widowed Separated Divorced Living with significant other

Tobacco Use: Never Smoker Former Smoker Current Smoker packs per day for _____ years / Quit _____ yrs ago

Caffeine Use: None Coffee Tea Carbonated beverages Medicines Foods _____ Servings per day

Alcohol Use: None Occasional Use Moderate Use Heavy Use _____ drinks per week

REVIEW OF SYSTEMS: **Currently, do you have any problems with:** (Circle all that apply)

General: Chills, Fatigue, Fever, Weight Gain, Weight Loss, Hot Flashes, Night Sweats	Cardiovascular: Chest Pain, Shortness of Breath
Skin: Rash, Change in Wart/Mole, Irritated, Tumor	Gastrointestinal: Diarrhea, Nausea, Vomiting, Heartburn
HEENT: Ear Infections, Sinusitis, Hay fever	Neurological: Headaches, Migraines
Breast: Breast Mass, Breast Tenderness, Nipple Discharge, Nipple Retraction	Psychiatric: Anxiety, Depression, Mood Changes
GYN/Female Genitourinary: Blood in Urine, Excessive Menstrual Bleeding, Amenorrhea (no periods for at least 3 months), Bleeding after menopause, Bleeding between periods or after intercourse, Burning with Urination, Incontinence (leakage of urine), Infertility (difficulty getting pregnant), Painful Intercourse, Painful Periods, Pelvic Pain, Sexual Difficulties, Urgency, Urinating at Night, Vaginal Dryness, Vaginal Infection.	