

Name: \_\_\_\_\_

Date: \_\_\_\_\_

1.

Your appointment today is scheduled for an annual. If your priority is not preventative care, but rather to follow-up on issues, review a list of new health concerns, or to get refills on medications, we will gladly see you today for these issues and reschedule your annual for another time. Are there any specific concerns or problems you would like addressed today?

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2.

Have you been diagnosed with any new chronic conditions, or had any major illnesses, health problems, or hospitalizations since your last physical?

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3. Since your last physical, has anyone in your family been diagnosed with any major medical problems, such as heart disease, stroke, cancer, diabetes, etc?

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4. Since your last physical, have you had any major life changes such as become married or divorced, changed jobs, or other changes that would help us to get to know you better?

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5. Health Habits:

Do you eat healthy? No Yes

How many servings of dairy do you consume in one day? \_\_\_\_\_

Are you taking any calcium supplements? No Yes- what kind? \_\_\_\_\_

Do you exercise currently? No Yes- what kind and how often? \_\_\_\_\_

Do you smoke or chew tobacco? No Yes- how much? \_\_\_\_\_

Do you drink alcohol? No Yes- How much? \_\_\_\_\_

Date of last Tetanus Vaccine: \_\_\_/\_\_\_/\_\_\_

6. Review of Systems: Please check and current or recent symptoms.

Chest Pain/Pressure	Skin Changes/Rash	Vision Changes	Abdominal Pain/Discomfort	
Tremor	Depression	Hearing Loss	Frequent Urination	
Leg Swelling	Anxiety/Nervousness	Persistent Cough	Burning with Urination	
Shortness of Breath	Trouble with Sleep	Wheezing	Bladder Leakage	
Heart Palpitations	Fatigue	Congestion	Blood in Urine	
Fainting/Blacking Out	Weight Gain	Heartburn	Sores on Genitalia	
Headaches	Weight Loss	Indigestion	Sexual Difficulty	
Fever	Easy Bruising/Bleeding	Diarrhea	Cold or Heat Intolerance	
Night Sweats	Loss of Speech	Constipation	Joint Pains	

Mole Changes	Loss of Strength/Weakness	Bloody/Black Stool	Back Pain	
Other:				

7. Please list all CURRENT medications, including vitamins and supplements:

Medication/Supplement	Dosage	Frequency	Reason for Taking Medication

We want all of our patients to feel comfortable during their exam. Would you like another member of the medical staff to be present during your exam, in addition to Dr. Hausman-Cohen, Dr. Koren Weston, Laurelin Mullins, or Charis Bearden? Yes or No