

Medications: _____

Allergies: _____

Past Medical History (note dates, menstrual and pregnancy history, immunization status, and childhood diseases)

Previous Surgeries: _____

Review of Symptoms: Brief statement for each. A – or **none** is not acceptable. Describe in detail if +.

GENERAL

Weight Change	Fatigue
Fever-Chills	Sweating
Weakness	Night Sweats
Vertigo	

SKIN

Nail Changes	Rash-Eruptions-Pigment
Hair Changes	Moles-Lesions
Itching	

HEAD

Headache	Trauma
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EYES

Wears Glasses	Diplopia
Vision	Scotoma
Blurring	Inflammation
Photophobia	Tearing

EARS

Deafness	Tinnitus
Drainage	Pain

NOSE

Sinusitis	Epistaxis
Polyps	Obstruction

MOUTH & THROAT

Teeth	Pain
Dentures	Taste
Gums	Swallowing
Breath	

RESPIRATORY

Wheezing	Chest Pain
Dyspnea	Cough
Hemoptysis	Sputum

BREASTS

Lumps	Pain
Discharge	Changes

CARDIOVASCULAR

Palpitation	Blood Pressure
Pain	Problems
Dyspnea	Cyanosis
Orthopnea	Edema
Murmurs	Claudication

GASTRO-INTESTINAL

Appetite	Stool shape, color
Indigestion	Constipation
Nausea-vomiting	Cathartics
Gas	Diarrhea
Pain	Melena
Hematemesis	Hemorrhoids
Jaundice	Abdominal Girth
Hernia	

GENITO-URINARY

Dysuria	Frequency
Nocturia	Urgency
Hematuria	Incontinence

SEXUAL HISTORY

History of any STD's	Impotence
Discharge	Epididymitis
Pain	Sores

PREGNANCY-MENSTRUAL HISTORY

Gravida/Para/Abortions	Cycle/Duration/Amount Menopause
Sterility	Last Pelvic Exam-PAP Smear
Use of Contraception	Dysmenorrea, Spotting Irregularity

ENDOCRINE

Goiter	Hormone Therapy (exclude BCP)
Diabetes	

ALLERGIC

Drugs	Eczema
Foods	Asthma
Pollens	Hives
Other Reactions	

BONES, JOINTS & MUSCLES

Trauma	Pain-Arthritis
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NEUROLOGIC

Syncope	Coordination
Gait	Sensation
Convulsions	Paralysis-Strength

BLOOD-LYMPHATIC

Anemia	Lymph Node Enlargement
Bleeding Tendency	

PSYCHOLOGIC

Memory	Anxiety
Mood	Emotional Disturbances
Sleep Pattern	Drug, Alcohol Problems

EARS

Pinna	Hearing-Air
Canals-Drums	Bone Conduction

NOSE

Configuration	Septum
Mucosa	Sinuses

MOUTH-THROAT

Lips-Breath	Mucosa
Teeth-Gums	Tonsils-Pharynx
Tongue	Uvula

NECK

Motion	Trachea
Thyroid	Lymph Nodes
Carotids	Neck Veins

CHEST

Shape-Symmetry	Masses
Breasts	Lymph Nodes

LUNGS

Resonance	Dullness
Breath Sounds	Fremitus

CARDIAC

Apical Impulse-
(character,
position)

Cardiac Sounds-
(rate & rhythm)

Thrills

ABDOMEN

Shape

Organs, Liver,
Spleen, Kidney

Scars

Sounds

Tenderness

Lymph Nodes

Guarding-
Rigidity

GENITALIA

MALE:

FEMALE:

Penis

Perineum-Vagina

Hernia

Cervix-Uterus

Scrotum-Testes

Adnexa-Ovaries

RECTUM

Sphincter Tone

Prostate

Masses

Guaiac

MUSCULOSKELETAL SYSTEM-EXTREMITIES

Spine

Muscle Bulk

Extremities

Varicosities

Joint Exam

Pulses: R L

Bruits: R L

Radial

Femoral

Popliteal

Post Tibial

Dorsalis Pedis

NERVOUS SYSTEM

Mental Status

Reflexes: R L

Speech

Biceps

Gait

Knee

Cranial Nerves

Ankle

Motor System

Sensory System

Coordination (List tests used)

Position-
Vibratory Sense

Pathologic Reflexes (List ones used)

