Denita F. Speyer, MD and Diane P. Barrett, MD

PATIENT INFORMATION

NAME

DATE AGE

OCCUPATION

WORK PHONE HOME PHONE

Single ☐ Married ☐ Divorced ☐ Widow ☐

Reason for today's visit:

Past Medical History:

Current Prescription Medications:

Non-Prescription Medications/Supplements:

Allergies:

Cigarettes ☐ none ☐ #/day _____
Alcohol ☐ none ☐ #/week _____
Drugs ☐ none ☐ type _____

List of prior surgeries and hospitalizations:

_____ year: _____
_____ year: _____
_____ year: _____
_____ year: _____
_____ year: _____
_____ year: _____

FIRST DAY OF LAST MENSTRUAL PERIOD

DAYS BETWEEN MENSTRUATION

AGE AT FIRST MENSTRUATION

OF PREGNANCIES PRETERM BIRTHS

MISCARRIAGES ABORTIONS

LIVING CHILDREN

PRESENT BIRTH CONTROL METHOD

YEAR OF LAST PAP LAST MAMMOGRAM

PHYSICAL/SEXUAL ABUSE

OF SEXUAL PARTNERS

FAMILY HISTORY

	WHO	AGE
☐ Breast Cancer		
☐ Uterine Cancer		
☐ Ovary Cancer		
☐ Bowel Cancer		
☐ Osteoporosis		
☐ High Blood Pressure		
☐ Diabetes		
☐ Heart Disease		
☐ Stroke		
☐ Other		

If deceased, list cause of death:

Mother _____
Father _____
Siblings _____

PRIMARY CARE SCREEN

	VACCINES			YEAR
Hepatitis	☐ yes	☐ no	Cholesterol	_____
Pneumococcal	☐ yes	☐ no	Stool Blood	_____
			Tetanas	_____

Do you exercise regularly? ☐ yes ☐ no

1. Constitutional Symptoms	☐ None	☐ weakness, fatigue ☐ weight gain ☐ weight loss, unintentional	☐ fevers ☐ lack of appetite ☐ other_____
2. Eyes	☐ None	☐ visual changes	☐ other_____
3. Ears, Nose, Mouth	☐ None	☐ sinusitis ☐ headaches ☐ dizziness	☐ ringing in ears ☐ other_____
4. Cardiovascular (Heart)	☐ None	☐ short of breath ☐ swelling of feet ☐ irregular heart beat	☐ chest pain ☐ other_____
5. Pulmonary (Lungs)	☐ None	☐ blood in sputum ☐ cough	☐ wheezing ☐ other_____
6. Gastrointestinal	☐ None	☐ stomach pain ☐ gas/bloating ☐ diarrhea ☐ constipation	☐ incontinence ☐ nausea or vomitting ☐ blood in stool ☐ other_____
7. Urinary	☐ None	☐ blood in urine ☐ frequent urination ☐ kidney stones ☐ incomplete emptying	☐ painful urination ☐ incontinence ☐ urinary urgency ☐ other_____
8. Musculoskeletal	☐ None	☐ weakness ☐ joint pain	☐ back pain ☐ other_____
9. Skins & Breasts	☐ None	☐ rash ☐ breat lump ☐ breat pain	☐ nipple discharge ☐ other_____
10. Neurologic	☐ None	☐ fainting ☐ seizures ☐ numbness	☐ trouble with balance ☐ other_____
11. Psychiatric	☐ None	☐ depression ☐ anxiety	☐ other_____
12. Endocrine	☐ None	☐ hot flashes ☐ diabetes	☐ thyroid gland problem ☐ other_____
13. Hematologic & Lymphatic	☐ None	☐ easy bruising ☐ enlarged glands	☐ prolonged bleeding ☐ other_____
14. Gynecologic	☐ None	☐ pelvic pain ☐ pelvic infections ☐ vaginal discharge ☐ problems becoming pregnant	☐ pain during sex ☐ abnormal bleeding ☐ other_____