Dr. Denita F. Speyer,M.D. , Dr. Diane P. Barrett, M.D.

Dr. Nnenna Maduforo, D.O.

PATIENT INFORMATION

Name

Date Age

Occupation

Work Number Home Number

[ ] 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:

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	[ ] Y [ ] N	Cholesterol
Pneumococcal	[ ] Y [ ] N	Stool Blood
Do You Exercise Regularly?	[ ] Y [ ] N	Tetanus

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