

**ALL FIELDS WITH ASTERISKS (\*\*\*) ARE REQUIRED**

**\*\*Your Name**

**\*\*Today's Date**

***Check the symptoms you currently have***

<input type="checkbox"/> weight gain	<input type="checkbox"/> persistent cough	<input type="checkbox"/> frequent pain in the abdomen (stomach)
<input type="checkbox"/> weight loss	<input type="checkbox"/> shortness of breath	<input type="checkbox"/> black stool
<input type="checkbox"/> vision changes	<input type="checkbox"/> snoring	<input type="checkbox"/> blood in the stool
<input type="checkbox"/> frequent nose bleeding	<input type="checkbox"/> chest pain	<input type="checkbox"/> change in bowel habits
<input type="checkbox"/> persistent earache	<input type="checkbox"/> palpitations	
<input type="checkbox"/> burning while urinating	<input type="checkbox"/> joint swelling	<input type="checkbox"/> memory loss
<input type="checkbox"/> frequent urination	<input type="checkbox"/> persistent back pain	<input type="checkbox"/> loss of consciousness
<input type="checkbox"/> difficulty to start urination	<input type="checkbox"/> persistent rash	<input type="checkbox"/> dizziness
<input type="checkbox"/> nighttime urination	<input type="checkbox"/> changes in moles	<input type="checkbox"/> headaches

**Do you have:**

<input type="checkbox"/> diabetes – since when? _____	<input type="checkbox"/> chronic lung disease
<input type="checkbox"/> hypertension	<input type="checkbox"/> prostate disease
<input type="checkbox"/> heart disease	<input type="checkbox"/> cancer - of what? _____
<input type="checkbox"/> high cholesterol	
<b>** Surgeries:</b> <input type="checkbox"/> No, <input type="checkbox"/> Yes: list _____	

<b>** Medication use</b> <input type="checkbox"/> <i>Check if none</i>	Dose	How many times a day

**\*\* Allergies to medication:** No, Yes \_\_\_\_\_

**\*\* Family history** (in one of the **parents or siblings**) of  heart disease,  cancer, osteoporosis, none of these

**\*\* Do you smoke?**  Yes, how much? \_\_\_\_\_  No,  quit in \_\_\_\_\_

**\*\* Do you use alcohol?**  daily,  less than daily,  not at all

**\*\* Reason for today's visit-**