

Welcome to Family Practice Group
Please help us by completing this QUESTIONNAIRE

Date: _____
Name: _____
Date of Birth: _____

*** Preventive Health**

Number of caffeinated drinks per day: _____
TOBACCO USE: How much? _____, if quit, when? _____, used for _____ years total
ALCOHOL USE: How much? _____, if quit, when? _____, used for _____ years total
DRUG USE: Which drugs have you used? _____, IV use? [] yes [] no Last use?
REASON FOR THIS VISIT: _____
PREVIOUS PHYSICIAN: _____
DATE OF LAST MENSTRAL CYCLE: _____

Check any symptoms that apply to your condition:

General

- ___ fever or chills
- ___ sweats
- ___ appetite changes
- ___ weight loss
- ___ weight gain
- ___ fatigue/exhaustion
- ___ want to quit smoking

Eyes

- ___ eye irritation
- ___ blurring
- ___ eye pain
- ___ discharge
- ___ light sensitivity
- ___ change in vision

Ears, nose, throat

- ___ ringing in ears
- ___ ear discharge
- ___ earaches
- ___ decrease hearing
- ___ nosebleeds
- ___ hoarseness
- ___ sore throat
- ___ problems with teeth
- ___ sore gums or tongue

Cardiovascular

- ___ awaken short of breath
- ___ lightheadedness
- ___ fainting
- ___ chest pain/pressure
- ___ racing heart

Cardiovascular continued

- ___ skipping heart beat
- ___ pounding heart
- ___ short of breath at rest
- ___ or when active
- ___ swollen hands, ankles or feet
- ___ blue lips or nails

Respiratory

- ___ chronic cough
- ___ cough up blood
- ___ wheezing
- ___ excessive snoring

Intestinal

- ___ indigestion/heartburn
- ___ difficulty swallowing
- ___ vomiting blood
- ___ nausea
- ___ excessive gas/bloating
- ___ abdominal pain
- ___ hernia
- ___ hemorrhoids
- ___ diarrhea
- ___ change in bowl habits
- ___ constipation
- ___ black bowl movement
- ___ bloody bowl movement

Urinary/Genital

- ___ strong odor
- ___ discharge

Urinary/Genital continued

- ___ bloody urine
- ___ frequent urination
- ___ can't empty bladder
- ___ trouble starting urine
- ___ painful urination
- ___ night frequency
- ___ can't control bladder
- ___ genital sores
- ___ less interest in sex
- ___ genital/pelvic pain
- ___ pain with sex

For Men

- ___ penis discharge
- ___ pain/lump in testicle
- ___ weak stream
- ___ erection problems

For Women

- ___ heavy/irregular flow
- ___ bleeding after sex
- ___ vaginal itching
- ___ breast pain
- ___ breast lumps
- ___ nipple discharge
- ___ abnormal pap smear
- ___ problem pregnancy

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Musculoskeletal

- muscle cramps
- joint pain/stiffness
- joint swelling
- back/neck pain
- muscle weakness
- muscle aches
- bone pain
- calf pain with walking

Blood Disorders

- enlarged lymph nodes
- trouble stopping bleeding
- easy bruising
- cancer

Allergies

- seasonal allergies
- hives

Skin

- suspicious lesions
- poor wound healing
- skin cancer
- itching or burning
- change in skin color
- rash

Neurologic

- poor balance
- headaches
- numbness/tingling
- can't speak
- falling
- paralysis
- seizures
- room spinning
- tremors
- excessive sleepiness
- memory loss

Psychiatric

- anxiety/nervousness
- suicidal thoughts
- depression
- violent thoughts
- hallucinations
- problems sleeping
- moodiness
- alcohol problems
- drug problems
- domestic violence

Endocrine

- excess hunger
- always cold
- always hot
- excess thirst

