

New Adult Patient Questionnaire

Patient Name: _____ Date: _____ Age: _____

Referred by: Physician: _____ (Specialty)
 TV ad Internet Another patient Other: _____

Reason for today's visit:

PAST MEDICAL / SURGICAL HISTORY

Have you ever had any of the following medical problems?
 High blood pressure Stroke Acid regurgitation (GERD) Tuberculosis
 Heart attack Diabetes Cancer (type): _____ Bleeding disorder
 Asthma Hepatitis Psychiatric treatment Blood clot (DVT / PE)
 COPD / emphysema Prostate problems Arthritis (specify site(s)): _____

List any other major illnesses and/or injuries, **other than** the reason for today's visit:

Surgeries/Hospitalizations	Year	Complications

Have you ever had a problem with anesthesia? No Yes (describe) _____

FAMILY HISTORY

Mother's age: ____ Alive Deceased - cause of death _____
Father's age: ____ Alive Deceased - cause of death _____

Any significant diseases that run in the family? (please specify which relative)

- Allergy Asthma Bleeding disorder Cystic Fibrosis Heart Disease
- Immunodeficiency Cancer (specify type): _____ Other: _____

REVIEW OF SYSTEMS

Please check all symptoms which you are currently experiencing or have experienced in the past month:

CONSTITUTIONAL

- Unintentional weight loss: ____ pounds in the past ____ weeks Fever, chills

EYES:

- Double vision
- Loss of vision
- Eye pain

ENT:

- Hearing loss
- Ringing in ears
- Ear pain
- Ear drainage
- Nose drainage
- Nasal congestion
- Facial pain
- Sore mouth/throat
- Swallowing pain
- Voice change / loss
- Throat clearing
- Hoarseness

CARDIOVASCULAR:

- Chest pain
- Irregular heartbeat
- Leg pain during walking
- Swelling of legs or feet

PULMONARY:

- Shortness of breath attack
- Wheezing
- Coughing up blood
- Chronic cough

GASTROINTESTINAL:

- Heartburn
- Difficulty swallowing liquids
- Difficulty swallowing solids
- Nausea / vomiting (circle which)

GENTOURINARY:

- Blood in urine
- Pain during urination
- Difficulty urinating

MUSCULOSKELETAL:

- Neck pain
- Back pain
- Joint pain

PSYCHIATRIC:

- Depression
- Nervous / anxious
- Substance abuse

NEUROLOGICAL:

- Headaches Speech problems Seizure Weakness
- Memory Loss Numbness Tingling Dizziness

The above information is accurate to the best of my knowledge.

X _____
Patient Signature

Date

For Physician Use Only:

I have reviewed the above information with the patient.

Physician Name & Signature

Date