

VITALS: Weight: _____ Height: _____ HR: _____ RR: _____ BP: _____ SpO2: _____
Temp: _____



Return Visit Intake

Patient name: _____

Today's date: _____ Age: _____

Referring Physician: _____

Major reason for visiting this office: _____

Have you had any procedures since the last visit?

MEDICAL/SURGICAL HISTORY UPDATE:

1. Since your last visit with us, have you been admitted to the hospital or been treated by a doctor for any new health problem?

2. FAMILY HISTORY UPDATE:

Has anyone in the family been told about a new health problem since we last saw you in clinic?

3. SOCIAL HISTORY

- Any changes in smoking since the last clinic visit?
- Have you changed your exercise routine?

4. MEDICATIONS

Any new medicines?

5. ALLERGIES/DRUG SENSITIVITIES/SIDE EFFECTS

Any new allergies?

Symptom Review

Please circle any symptoms that you have been having...

GENERAL: fever, chills, night sweats, unexpected changes in weight, unusual fatigue, insomnia, chronic pain, feeling poorly

HEENT: double vision, blurred vision, eye pain or redness, blind spots, ringing in the ears, dizziness (feeling as if things are spinning or moving up and down), nasal congestion, bloody nose, gum bleeding, mouth ulcers or growths, sore throat, hoarseness, neck stiffness, neck pain or tenderness

RESP: cough, coughing up blood, shortness of breath, chest pain that occurs with breathing or coughing, wheezing, snoring at night, daytime sleepiness, need for oxygen

CARDIOVASCULAR: exertional chest pain/pressure, other symptoms with exertion that are relieved with rest or nitroglycerin, racing heart, irregular heart beat, palpitations, inability to breath when lying flat, awakening at night needing to sit up, awakening at night coughing or wheezing, swelling

GI: belly pain, nausea, vomiting, appetite changes, diarrhea, constipation, heartburn, blood in stool, difficulty swallowing, frequent belching, frequent passing gas, indigestion

GU: discomfort when urinating, bloody urine, having to get up from sleep to urinate, having to urinate more frequently during the daytime, difficulty starting urination, genital sores or discharge

MUSCULOSKELETAL: joint stiffness or swelling, joint pain, muscle pain, back pain, limited joint range of motion

SKIN: skin rashes, itching skin, lumps, pigmentation changes, changes in skin dryness, changes in skin dampness

NEURO: fainting, near fainting, blackouts, seizures, weakness, numbness, tingling, altered sensation, tremor, speech difficulties, changes in thinking ability, abnormal vision, hearing loss, difficulty walking, headache, memory problems, balance problems

PSYCH: depression, anxiety, panic attacks, memory disturbances, personality changes, hallucinations, anger, thoughts of harming oneself, use of recreational drugs.

EXTS: pain or cramps in legs when walking, varicose veins, changes in color of legs when elevated or lowered

HEM/IMMUNE: increased paleness of nailbeds, easy bruising or bleeding, enlarged lymph nodes, frequent infections

ENDO: increased thirst, increased hunger, heat or cold intolerance, tremors, loss of bone mass, recent changes in shoe or glove size

Are there any other things we should know about?