

REVIEW OF SYSTEMS, PAST, FAMILY AND SOCIAL HISTORY QUESTIONNAIRE

PLEASE ANSWER ALL THE QUESTIONS BELOW

NAME \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ REASON FOR COMING HERE \_\_\_\_\_

LIST ANY ALLERGIES TO DRUGS, IODINE, SHELLFISH OR LATEX \_\_\_\_\_

DO YOU REGULARLY TAKE ANY MEDICATIONS (INCLUDING ASPIRIN, ADVIL, VITAMINS, ETC.) Y N

PLEASE LIST THEM ON THE MEDICATION LIST SHEET

PAST SURGERIES: LIST SURGERY AND YEAR \_\_\_\_\_

LIST ANY MEDICAL PROBLEMS THAT YOU SEE A DOCTOR REGULARLY FOR: \_\_\_\_\_

HOSPITALIZATIONS: LIST REASON AND YEAR \_\_\_\_\_

DO YOU HAVE NOW OR HAVE YOU EVER BEEN TREATED FOR:

- Diabetes, Heart Attack, Heart Problems, Stroke, Mini Stroke, High Blood Pressure, Hepatitis, Lung Problems, Kidney Problems

SOCIAL HISTORY: MARITAL STATUS \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DO YOU SMOKE NOW? \_\_\_\_\_ IN THE PAST? \_\_\_\_\_ HOW MUCH AND HOW LONG \_\_\_\_\_

HOW MUCH ALCOHOL (INCLUDING BEER AND WINE) DO YOU DRINK PER WEEK? \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS OR CANCERS THAT FAMILY MEMBERS (PARENTS, GRANDPARENTS, SIBLINGS, CHILDREN) HAVE BEEN TREATED FOR \_\_\_\_\_

PLEASE MAKE A CHECK MARK NEXT TO EACH OF THE CONDITIONS OR SYMPTOMS THAT YOU CURRENTLY HAVE OR HAVE BEEN TREATED FOR IN THE PAST.

CONSTITUTIONAL

- Weight Loss, Recurrent Fevers, Chills, Night Sweats, Weakness

EYES

- Blurred Vision, Double Vision, "SHADE" BLOCKED VISION

CV

- Chest Pain, Angina, Palpitations, Pain in Legs when Walking, Pain in Feet while Sleeping

ALLERGY / IMMUN

- AIDS, Recurrent Infections, Chronic Steroid Use

RESP.

- Chronic Cough, Asthma, Pneumonia

GI

- Chronic Heartburn, Recurrent Nausea-Vomiting, Blood in Stool, Black Stools, Jaundice

NEUROLOGIC

- Fainting, Paralysis, Seizures

GU

- Pain with Urination, Blood in Urine, Frequent Urination at Night

PSYCH.

- Anxiety, Depression

MUSC / SKEL

- Chronic Joint Pain, Varicose Veins, Prolonged Leg Swelling

ENDOCRINE

- Hot Flashes, Hair Loss, Thyroid, Always Thirsty

SKIN BREAST

- Itching, Chronic Rash, Breast Lump, Masses in or under Skin

HEMA / LYMPH

- Painful Lymph Nodes, Bleeding Problems, Anemia, Swollen Lymph Nodes

LIST ALL OF YOUR MEDICATIONS ON MEDICATION LIST (PAGE 2)

