



Patient Name: _____ DATE: _____

ANNUAL EXAM

A annual exam visit does not deal with new or existing health problems. That would be a separate service and requires a longer appointment. Please let our scheduling staff know if you need the doctor's help with a health problem, a medication refill or something else. We need to schedule a separate appointment. *A separate charge applies to these services and must be scheduled for a different day.*

Has there been any changes in your Family Medical History (Parents, Brothers/sisters)?

- None
- Yes(explain) _____

Other issues today? (Check all that apply):

- Mammogram/PAP
- Lab work
- Referral
- Vaccination (flu, tetanus, etc..)
- Note for work or school

Have your medicines changed since last visit?

- No
- Yes _____

Any new allergies since last visit?

- None
- Yes _____

Have you seen any other Health Care providers since your last visit, or had lab tests or X-rays?

Who/where: _____

When: _____

What tests: _____

Do you believe your current lifestyle:

- Positively affects your health
- Negatively affects your health
- Does not affect your health
- Not sure

On a scale of 1-10, 10 being the highest/best, how confident are you that you can manage your health or control most of your problems? _____

How much tobacco do you smoke or chew per day?

How much alcohol do you consume per week?

Are you depressed or feeling down? _____

Have you lost interest in things? _____

Are you having trouble sleeping? _____

Which area would you most like to change in order to improve your health?

- Exercise
- Nutrition
- Weight management
- Alcohol
- Smoking
- Stress management

Would you be interested in visiting with a dietitian to learn more about improving your health? *Most insurances now cover these services, if not we have great cash prices.*

- Yes
- No, not today, but would like to in the future
- No, not interested

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Do you CURRENTLY have any of the following problems? Please circle.

General Health Problems

Fever, Chills, Sweats, Fatigue, Weakness,
Change in Energy

Allergy problems

Sneezing, itchy eyes, runny nose or eyes,
nasal congestion

Skin problems (Dermatology)

Rash, change in mole or skin, bruising

Head and Neck (ENT) problems

Sore throat, nasal congestion, sinus pain,
hoarse voice, toothache, earache, snoring,
swollen glands

Heart (Cardiac) problems

Chest pain, shortness of breath, irregular or
pounding heart rate, swelling in legs

Hormonal (Endocrine) problems

Hot or cold sensitivity, increased appetite,
increased thirst, weight gain

**Stomach and intestine problems
(Gastrointestinal)**

Nausea, vomiting, diarrhea, constipation,
abdominal pain, bloating, belching, blood in
stool, change in bowels, heartburn, food gets
stuck when swallowing

Male Issues

Difficulty with erections or sex drive

Female Issues

Breast lump, pain or discharge, irregular or
heavy periods, pelvic pain, hot flashes,
decrease in sex drive

**Muscle, joint and bone problems
(Musculoskeletal)**

Muscle aches, joint pain or swelling, back
pain, leg pain

Lung (Respiratory) problems

Cough, wheeze, chest congestion

Brain and nerves (Neurologic) problems

Numbness, tingling, weakness, headache,
dizziness, vision problems, confusion,
memory loss

Bladder (Urologic) problems

Painful urination, blood in urine, urinary
frequency, urine leakage, waking at night to
urinate

Emotional (Psychology) problems

Depression, anxiety, mood swings, trouble
sleeping

Other issues (please describe)
