PATIENTS NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CHIEF COMPLAINT: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ALLERGIES**:   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **MEDICAL HISTORY**:   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **CURRENT MEDICATIONS (INCLUDING OTC):**   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **INPATIENT HOSPITILIZATIONS**:   * \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **VITAL SIGNS-OFFICE USE ONLY**  Weight: \_\_\_\_\_\_\_\_\_\_  Height: \_\_\_\_\_\_\_\_\_\_  Pulse Ox: \_\_\_\_\_\_\_\_\_  Temperature: \_\_\_\_\_\_\_\_  Resp: \_\_\_\_\_\_\_\_\_  Blood Pressure: \_\_\_\_\_\_\_  Heart Rate: \_\_\_\_\_\_\_\_\_ |

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| GENERAL  \_\_Weight Loss  \_\_ Fever  \_\_ Fatigue | RESPIRATORY  \_ \_Cough  \_\_ Wheezing  \_\_ Shortness of Breath | MUSCULOSKELETAL  \_\_ Joint Pain/Swelling  \_\_ Weakness  \_\_ Muscle Pain | SKIN  \_ Rashes  \_ Sores  \_Itching/Burning | EYES  \_ Glasses  \_ Blurred Vision  \_Eye Pain  \_ Eye Discomfort | ENDOCRINE  \_ Loss of Hair  \_ Heat/Cold Intolerance  \_Thyroid Problems  \_Diabetes Mellitus | NEUROLOGIC  \_Headaches  \_Seizures  \_ Dizziness |
| ENT  \_Ear Pain  \_Nosebleeds  \_Sore Throat  \_Hoarseness  \_Nasal Stuffiness | HEMATOLOGY  \_ Bleeding Problems  \_ Anemia  \_Easy Bruising  \_ Enlarged Glands | GASTROINTESTINAL  \_ Constipation  \_Diarrhea  \_Vomiting  \_Heartburn  \_Blood in Stool  \_Abdominal Pain | PSYCHIATRIC  \_ Depression  \_Appetite  \_Anxiety  \_Developmental Delay  \_ Other | CARDIOVASCULAR  \_ Heart Murmur  \_ Irregular Heartbeat  \_Chest Pain  \_Fainting Spells  \_Blood Pressure Problems | GENITOURINARY  \_Pain w/Urination  \_Blood in Urine  \_Increased Urinary Frequency  \_Abnormal Discharge | ALLERGY  \_ Hives  \_Eczema  \_Hay fever  \_Medication Allergies  \_Food Allergies |

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| **FAMILY-MEDICAL HISTORY OF IMMEDIATE FAMILY**  Anemia GI Disease  Asthma High Cholesterol  Cancer/Tumor HIV/Immune Disease  Diabetes Infectious Disease  Depression Thyroid Disease  Epilepsy/Seizures Arthritis  Heart Disease Lung Disease  High Blood Pressure Kidney Disease  Liver Disease Hepatitis  Hepatitis | **SOCIAL**  \_ \_ Does patient attend daycare?  \_\_\_Number of people in household  \_\_\_Does anyone in household smoke?  Primary Care Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Preferred Pharmacy:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Parent/Guardian Signature (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_