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 DiseaseAsthma High CholesterolCancer/Tumor HIV/Immune DiseaseDiabetes Infectious DiseaseDepression Thyroid DiseaseEpilepsy/Seizures ArthritisHeart Disease Lung DiseaseHigh Blood Pressure Kidney DiseaseLiver Disease HepatitisHepatitis  | **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 \_\_\_\_\_\_\_\_\_\_\_\_