



FOLLOW UP PATIENT HISTORY

Name: _____ Age: _____ Today's Date: _____

What would you like to discuss? : _____

What doctors do you want to receive reports from today's visit? : _____

Any new health problems? No or: _____

Any recent surgeries or hospitalizations? No or: _____

Medications: Please list strength and frequency or provide bottles or list separately (include supplements and over the counter medications)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allergies to medications: _____

Any changes in your family's health? None or : _____

Any changes in your employment status? None or: _____

Are you smoking? No Yes How much? : _____

Do you drink alcohol? No Yes How much? : _____

Do you exercise? No Yes Describe: _____

Describe your diet: _____

Patient Name: _____

DOB: _____

Today's Date: _____

REVIEW OF SYSTEMS: (please check)

General:

- Weight gain
- Weight loss
- Difficulty sleeping
- Cold/heat intolerance
- Fevers
- Fatigue
- Loss of appetite

Eyes, Ears, Nose & Throat:

- Loss of eyesight
- Headache
- Mouth sores
- Wear glasses
- Ear infection
- Difficulty swallowing
- Hearing loss
- Sinus infection

Gastrointestinal:

- Stomach pain
- Change in bowels
- Black stools
- Ulcers
- Diarrhea
- Nausea
- Bloody stools
- Polyps
- Constipation
- Vomiting
- Vomiting blood
- Heartburn

Urinary:

- Blood in urine
- Impotence
- Burning w/urination
- Kidney stones
- Urination at night
- Urine infections
- Kidney failure

Muscles & Bones:

- Weakness
- Back pain
- Joint pains
- Muscle aches

Nervous System:

- Tremor
- Difficulty speaking
- Numbness
- Weakness of leg/arm
- Double vision
- Change in vision
- Loss of vision

Hormonal:

- Thyroid disease
- Menopausal symptoms

Respiratory:

- Cough
- Coughing
- Wheezing
- Phlegm
- Snoring
- Shortness of breath at night
- Pneumonia/bronchitis
- Post nasal drip
- Allergy
- Use oxygen
- Use CPAP

Hematologic:

- Bleeding episodes
- Blood clots in lungs
- Blood clots in legs
- Cancer
- Easy bruising

Skin, Hair & Nails:

- Rash
- Itching
- Change in skin
- Change in hair
- Change in nails

Mental Status:

- Depression
- Anxiety
- Panic attacks

Vascular:

- Chest pain/discomfort
- Palpitations/racing heartbeat
- Shortness of breath
- Fainting spells
- Lightheadedness
- Leg pain with walking
- Leg heaviness
- Leg swelling
- Leg pain at night
- Leg wounds
- Leg infections

Other:
