

PATIENT UPDATE

Today's Date: _____

NAME _____ SEX M F AGE _____ BIRTHDATE _____
First Middle Last

RACE: _____ ETHNICITY: ___ Hispanic ___ Non-Hispanic PREFERRED LANGUAGE: _____

PERSONAL PHYSICIAN _____ ADDRESS _____ PHONE _____

PHARMACY NAME: _____ LOCATION: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE #: _____

HT: _____ **WT:** _____ **INSURANCE:** _____

ALCOHOL USE: ___ Abstain

/ Week: _____ contains 0.5 oz alcohol. _____ glasses wine _____ shots liquor _____ cans beer

TOBACCO USE: ___ Never ___ Second hand smoke exposure ___ yes ___ no
___ cigarettes ___ pipe ___ cigars
___ Former Smoker ___ # years ___ packs/day ___ quit date
___ Current Smoker ___ # years ___ packs/day Desire to quit ___ yes ___ no
___ Smokeless tobacco ___ current ___ former (date quit _____)
___ snuff ___ chew

NEW MEDICAL DIAGNOSIS SINCE LAST SEEN IN THE OFFICE:

For the patient: (list diagnosis): _____

For a family member (diagnosis and relationship to patient): _____

PATIENT SURGERIES SINCE LAST SEEN IN THE OFFICE:

MEDICATIONS: (PLEASE LIST NAME, DOSE, # TIMES PER DAY TAKEN)-include non-prescription

ALLERGIES : (Please state reaction)

PATIENT NAME: _____ DATE: _____

HAVE YOU EXPERIENCED ANY OF THE FOLLOWING IN THE PAST 2 MONTHS? PLEASE CIRCLE POSITIVES

CONSTITUTIONAL

Decrease appetite
Chills
Fatigue
Fever
Sweats
Weight Loss
Weight Gain
Night Sweats

EYES

Cataracts
Glaucoma
Redness
Visual Disturbance

RESPIRATORY

Asthma
Chronic Bronchitis
Cough
Shortness of Breath
Wheezing

CARDIOVASCULAR

Chest Pain
Irregular Heartbeat
Palpitations

GASTROINTESTINAL

Vomiting
Difficulty Swallowing
Pain with Swallowing
Reflux
Heartburn

GENITOURINARY

Increased Frequency
Blood in Urine
Urgency

SKIN

Rash
Change in Skin Color

HEME/LYMPHATIC

Bleeding
Easy Bruising
Tender Lymph Nodes

MUSCULOSKELETAL

Joint Pain
Back Pain
Muscle Pain
Neck Pain

NEUROLOGIC

Dizzy
Difficulty Walking
Headaches
Memory Problems
Altered Sensation (i.e numbness etc)

PSYCHIATRIC

ADHD
Anxiety
Depression

ENDOCRINE

Excess Thirst/Hunger
Temperature Intolerance
Hot Flashes

ALLERGY/IMMUNOLOGY

Anaphylaxis
Hayfever
Food Allergies
Allergic Eyes

ENT

Ear drainage, earache, hearing loss, hoarseness
nasal congestion, snoring, sorethroat, tinnitus
