

JENNIFER L. WALDEN, M.D.

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PATIENT HISTORY

Name _____ Date _____

Reason for visit _____

Age _____ Height _____ Weight _____ Marital Status S M D W

Allergies List any reactions you have had to medications and describe the symptoms.

Medications List ALL prescription, over the counter, and herbal medications you have taken recently with dosages.

Past Medical History List ANY medical conditions for which you have been treated.

Past Surgical History List ALL previous surgery. Include complications or abnormal reaction to anesthetics.

Social History Occupation _____

Exercise Habits _____

Cigarette Smoking: Yes No _____ Packs per day

Alcohol: None Occasional Moderate Excessive

Drug Use _____

Family History CIRCLE any of the following that effect first degree relatives.

Anesthetic Problems High Blood Pressure Heart Disease Breast Cancer Diabetes
Bleeding Disorders Mental Illness Hereditary Disease Other

MD Initial _____

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REVIEW OF SYSTEMS

NAME _____ DATE _____

Please CIRCLE any of the following conditions that apply to you

- General: weight changes fatigue fever chills
- Eyes: eye pain excessive tearing visual changes double vision eye irritation dry eyes
red eyes glaucoma contact lenses sensitivity to light
- Ears: ear pain ringing in the ears dizziness hearing loss
- Nose: past nasal trauma past nasal surgery difficulty breathing through nose sinus problems
- Mouth: dental problems tooth pain difficulty swallowing oral cancers dentures capped teeth
- Cardiovascular: high blood pressure heart attacks heart surgery irregular heartbeat murmur chest
pain congestive heart failure foot swelling Rheumatic fever pacemaker
- Respiratory: asthma shortness of breath bronchitis pneumonia recent cough TB
- Gastrointestinal: peptic ulcers reflux indigestion vomiting diarrhea constipation blood in stools
black stools change in bowel habits hepatitis jaundice liver cirrhosis
- Genitourinary: urinary tract infections yeast infections difficulty urinating frequent urination STD
- Musculoskeletal: injuries swelling extremity pain joint pain arthritis leg cramps difficulty walking
- Neurologic: seizures stroke dizziness sensory loss weakness
- Psychiatric: depression alcoholism drug abuse anxiety marital problems
- Hematologic: bleeding disorders anemia easy bruising bleeding gums swollen lymph nodes
- Immunologic: HIV high risk behavior transfusions
- Endocrine: diabetes thyroid disorder hypoglycemia adrenal disorders
- Skin Disease: rashes new or changing lesions skin cancers
- Allergic: food allergies latex allergies steroid use environmental allergies
- Women's Health: Pregnancies _____ Live Births _____ Miscarriages/Abortions _____
Last menstrual period _____ Are you pregnant? _____
Last mammogram _____ Result _____
- Drug Use: diet aides aspirin herbal remedies blood thinners steroids chemotherapy

MD Initial _____