

NEW PATIENT



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HEALTH HISTORY

NAME: _____ DOB: _____

REASON FOR REFERRAL: _____

FAMILY HISTORY

SURGERY (PLEASE LIST SURGERY AND DATES)

- _____ Rheumatoid Arthritis
- _____ Psoriatic Arthritis
- _____ Systemic Lupus Erythematosus
- _____ Fibromyalgia
- _____ Osteoarthritis
- _____ Gout
- _____ Inflammatory Bowel Disease
- _____ Other _____

SOCIAL HISTORY

IMMUNIZATIONS

WOMEN'S HEALTH

- Marital Status _____
- Number in Household _____
- Smoke/Tobacco Y N
- How Often _____
- Alcohol Use Y N
- How Often _____
- Illicit Drugs Y N

- Pneumonia Vaccine
- Flu Vaccine
- Tuberculin Test (PPD)
- Other _____

- Pre or Post Menopausal _____
- Last Menstrual Period _____
- Last Pap Test _____
- Last Mammogram _____
- Number of Pregnancies _____
- Number of Miscarriages _____

DIAGNOSTIC TESTING (LIST DATE)

- Colonoscopy _____ Bone Density _____ X-Ray _____
- Ct Scan _____ MRI _____ Other _____



REVIEW OF SYMPTOMS (PLEASE CHECK ALL THAT APPLY)

NAME: _____ DOB: _____

GENERAL:

- FATIGUE
- POOR SLEEP
- FEVER
- NIGHT SWEATS
- CHILL
- WEIGHT LOSS

HEAD, EARS, NOSE AND THROAT:

- FREQUENT SINUS INFECTIONS
- HOARSNESS
- ORAL OR NASAL ULCERS
- HEARING LOSS
- ENLARGED LYMPH NODES
- DRY MOUTH

RESPIRATORY:

- SHORTNESS OF BREATH
- DRY COUGH
- BLOOD IN SPUTUM
- PLEURISY
- HISTORY OF ASTHMA, COPD, EMPHYSEMA

GASTROINTESTINAL:

- DIARRHEA
- ABDOMINAL PAIN
- CONSTIPATION
- NAUSEA/VOMITING
- DIFFICULTY SWALLOWING
- PEPTIC ULCERS
- HEARTBURN/REFLUX
- BLOOD IN STOOL

NEUROLOGIC

- NUMBNESS OR TINGLING
- HEADACHES
- SEIZURES
- MEMORY PROBLEMS
- DIFFICULTY CONCENTRATING

ENDOCRINE:

- THYROID DISEASE
- HEAT INTOLERANCE
- COLD INTOLERANCE
- DIFFICULTY URINATING
- FREQUENT URINATION

HEMATOLOGY/ONCOLOGY:

- EASY TO BRUISE
- ANEMIA
- ENLARGED LYMPH NODES
- HISTORY OF ABNORMAL BLOOD COUNT

EYES:

- CHANGE IN VISION
- DRY EYES
- EYE REDNESS
- EYE PAIN

CARDIOVASCULAR:

- CHEST PAIN
- PERICARDITIS
- SWELLING IN LEGS
- HEART ATTACK
- PALPITATION/IRREGULAR HEARTBEAT

PERIPHERAL VASCULAR:

- FINGERS CHANGING COLOR IN THE COLD
- BLOOD CLOT IN LEGS

SKIN:

- RASHES
- HAIR LOSS
- NAIL CHANGES
- ITCHING
- SKIN SENSITIVE TO THE SUN

MUSCULOSKELETAL:

- JOINT PAIN
- JOINT STIFFNESS
- JOINT SWELLING
- WEAKNESS
- MUSCLE ACHES OR CRAMPING

PSYCHIATRIC:

- ANXIETY
- DEPRESSION
- DIFFICULTY SLEEPING
- HISTORY OF PSYCHOSIS

REPRODUCTIVE:

- MISCARRIAGE
- PRE-ECLAMPSIA
- POST MENOPAUSAL

OTHER SIGNS OR SYMPTOMS: _____

