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Diplomate American Board of Pulmonary, Critical Care and Internal Medicine

PATIENT HISTORY

NAME: _____ DOCTOR: _____

DATE OF BIRTH: _____ PHONE: (____) _____ DATE: _____

LOCAL PHARMACY: _____ PHONE: _____

MAIL ORDER PHARMACY: _____ PHONE: _____

LIST OF ALLERGIES: _____

CAN WE ACCESS YOUR Rx HISTORY: _____

PAST HISTORY:

ASTHMA
 EMPHYSEMA
 CHR BRONCHITIS
 HAY FEVER
 SINUS INFECTION
 LUNG CANCER
 HYPERTENSION
 ANGINA

PACEMAKER
 DIABETES
 THYROID PROBLEM
 KIDNEY PROBLEM
 LIVER PROBLEM
 PEPTIC ULCER
 GOUT

FAMILY HISTORY:

CANCER
 DIABETES
 HYPERTENSION
 HEART ATTACK
 ASTHMA
 EMPHYSEMA

SMOKING:

NEVER
 QUIT _____ PACKS/DAY _____ YRS
 YES _____ PACKS/DAY _____ YRS

ALCOHOL:

SOCIAL
 QUIT _____ YRS
 NEVER

REVIEW OF SYSTEMS

PLEASE CHECK ("X") IF YOU HAVE HAD ANY OF THE FOLLOWING SYMPTOMS OR CONDITIONS IN THE PAST YEAR.

1. HEAD AND NECK

FREQUENT HEADACHES
 MIGRAINE
 INJURY
 NECK PAINS
 NECK LUMPS

2. EYES

RECENT CHANGE IN VISION

3. EARS

HEARING DIFFICULTY
 RINGING/BUZZING
 EARACHES
 DISCHARGE FROM EARS
 MOTION SICKNESS

4. NOSE AND THROAT

(X ONLY IF FREQUENT)

CONGESTED NOSE
 RUNNY NOSE
 NOSE BLEEDS
 SORE THROAT
 TONSILLITIS
 HOARSE VOICE

5. MOUTH

SORES
 SORENESS
 DENTAL PROBLEMS
 CHANGES IN TASTE

6. RESPIRATORY

SHORT OF BREATH
 WHEEZING
 CHRONIC COUGH
 COUGH UP PHEGEM
 COUGH UP BLOOD
 FREQUENT CHEST COLDS
 PAIN ON DEEP BREATH

7. CARDIOVASCULAR

IRREGULAR HEARTBEAT
 RACING HEART
 CHEST PAIN
 SHORT OF BREATH LYING DOWN
 SWOLLEN FEET OR ANKLES
 LEG CRAMPS
 COLD HANDS/FEET

8. GASTROINTESTINAL

APPETITE LOSS
 TROUBLE SWALLOWING
 NAUSEA/VOMITING
 VOMIT BLOOD
 HEARTBURN
 RECENT CHANGE IN BOWEL HABITS
 ABDOMINAL PAIN
 EXCESS "BELCHING"
 BLACK STOOLS
 RECTAL PAIN
 RECTAL BLEEDING
 BLOATING

9. URINARY

FREQUENT URINATION
 URGENCY
 BURNING ON URINATION
 BROWN/BLACK/BLOODY URINE
 PASSAGE OF STONES
 DRIBBLING
 BED WETTING

10. GENITAL

A. FEMALE

LUMPS IN BREAST
 ABNORMAL PAP SMEAR
 MENSTRUAL TROUBLE
 POST-MENOPAUSAL BLEEDING
 VAGINAL DISCHARGE
 NO. OF PREGNANCIES
 NO. OF PREMATURE BIRTHS
 NO. OF STILL BIRTHS
 NO. OF MISCARRIAGES OR ABORTIONS
 CESAREANS
 NO. OF LIVE CHILDREN
 IUD
 BIRTH CONTROL PILL
 OTHER CONTRACEPTION
 HORMONES MENOPAUSE

B. MALE

PROSTATE TROUBLE
 BURNING/DISCHARGE
 PAINFUL TESTICLES
 WEAK URINE STREAM
 ABNORMAL LUMPS IN SCROTUM

11. MUSCULOSKELETAL

FRACTURES
 ACHING MUSCLES/JOINTS
 MUSCLE WEAKNESS
 HANDICAPPED
 SWOLLEN JOINTS

12. SKIN

ITCHING
 SCALING
 RASHES
 BRUISE OR BLEED EASILY
 CHANGE IN MOLES

13. ENDOCRINE

WEIGHT CHANGE
 ALWAYS HUNGRY
 IMPOTENCE
 STERILITY
 TENDENCY TO FEEL HOT
 TENDENCY TO FEEL COLD
 DRYNESS OF SKIN/HAIR
 DRINK A LOT OF FLUIDS
 CHANGE OF SKIN PIGMENTATION
 CHANGE IN SIZE OF SHOE/HAT/GLOVES SINCE ADULT

14. NERVOUS SYSTEM

TROUBLE SMELLING
 WEAKNESS
 SHAKING
 SPEECH DIFFICULTY
 CONVULSION
 FAINTNESS
 CHANGE IN HANDWRITING

15. MOOD

NERVOUS WITH STRANGERS
 TROUBLE WITH DECISIONS
 TROUBLE WITH MEMORY
 TROUBLE SLEEPING
 TROUBLE RELAXING
 DEPRESSION
 SHY
 STRANGE DREAMS/THOUGHTS
 WORRY A LOT
 LOSE TEMPER
 WORK/FAMILY PROBLEMS
 SEXUAL DIFFICULTY
 CONSIDERED SUICIDE
 DESIRE PSYCHIATRIC HELP