

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**\*\*HEALTH HISTORY UPDATE FOR ESTABLISHED PATIENTS\*\***

**HAVE YOU BEEN SEEN BY ANY OTHER MEDICAL PROVIDERS SINCE YOUR LAST VISIT TO OUR OFFICE (ER, Walk-In, specialists, eye doctor)?**

**If so, what doctor/ clinic and when**

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**ANY TESTING OR PROCEDURES DONE SINCE LAST VISIT TO OUR OFFICE (colonoscopy, mammogram, pap test, hearing test, sleep study, x-rays, etc):**

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**NEW MEDICAL CONDITIONS/ILLNESSES SINCE LAST VISIT TO OUR OFFICE:**

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**SURGERIES/ACCIDENTS/INJURIES SINCE LAST SEEN AT OUR OFFICE:**

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**CURRENT MEDICATION LIST (all prescriptions, over-the-counter, supplements): *how much and how often taken***

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**PLEASE NOTE ANY CHANGE IN FAMILY MEDICAL HISTORY:(mother, father, sister, brother, grandmother, grandfather, aunt, uncle)**

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PLEASE MARK ANY OF THE FOLLOWING SYMPTOMS YOU HAVE HAD RECENTLY:

CONSTITUTIONAL

- Weight gain/loss
- Chills
- Fever
- Fatigue
- NONE

EYES

- Change in vision
- Blurred vision
- NONE

EARS, NOSE, THROAT

- Ear pain
- Change in hearing
- Nasal congestion
- Frequent runny nose
- Sore throat
- NONE

CARDIOVASCULAR

- Chest pain
- Palpitations
- Swelling of the feet and/or ankles
- NONE

RESPIRATORY

- Cough
- Shortness of breath
- Wheezing
- NONE

GASTROINTESTINAL

- Abdominal pain
- Acid reflux
- Constipation
- Diarrhea
- Nausea
- Vomiting
- NONE

URINARY

- Frequent urination
- Pain with urination
- Blood in urine
- Urinary incontinence
- NONE

FEMALE REPRODUCTIVE *(if applicable)*

- Vaginal discharge
- Pelvic pain
- Irregular periods
- Sexual concerns
- NONE
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MALE REPRODUCTIVE *(if applicable)*

- Difficulty with erections
- Sexual concerns
- NONE

MUSCULOSKELETAL

- Joint pain
- Joint swelling
- NONE

SKIN/BREAST

- Rash
- Dry skin
- Breast mass/lump
- Nipple discharge
- NONE

BLOOD/LYMPHATIC

- Easy bruising
- Excessive bleeding
- Swollen glands
- NONE

ENDOCRINE

- Intolerance to heat or cold
- Excessive thirst
- NONE

NEUROLOGIC

- Headaches
- Dizziness
- Memory loss
- NONE

PSYCHIATRIC

- Anxiety
- Depression
- Sleep problems
- NONE