

PULMONARY AND MEDICAL ASSOCIATES

Comprehensive Physical Evaluation

Name _____ Date of Birth _____ Today's Date _____

<u>Surgeries</u>	<u>Date</u>	<u>Hospitalizations</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Current Medications

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Allergies:

1. _____
2. _____
3. _____
4. _____
5. _____

Family History

Do any family members or relatives have the following disorders?

Breast cancer _____
Colon cancer _____
Prostate cancer _____
Lung cancer _____
Skin cancer _____
Mental illness _____
High blood pressure _____

Heart disease _____
Lung disease _____
Gastrointestinal disease _____
Kidney disease _____
Diabetes _____
Other illnesses _____

Preventive Medicine – When was your most recent:

Pap smear? _____
Mammogram? _____
Bone Density Test (DEXA)? _____
Colonoscopy? _____
Chest x-ray? _____
EKG? _____

Eye exam? _____
TB skin test? _____
Flu vaccine? _____
Pneumonia vaccine (Pneumovax) _____
Tetanus shot? _____

Name _____

Date _____

Social history

- Single Married Divorced/Separated Widowed Domestic partner

With whom do you live? _____ What is your occupation? _____

Do you smoke? Currently In the past Never If currently, how much? _____

Do you consume alcohol? Currently In the past Never If currently, how much? _____

Do you use recreational drugs? _____ Are you currently sexually active? _____

Review of Systems

Please check off the box of any symptom/illness you have or have had in the past.

Constitutional

- Night Sweats
- Unexplained weight change
- Ongoing fatigue
- Trouble sleeping

Allergy/Immunologic

- Food allergy
- Bee allergy
- Severe allergic response/Anaphylaxis

ENT/Mouth

- Decreased hearing
- Ringing in ears/Tinnitus
- Frequent ear infections
- Ear perforation
- Recurrent nosebleeds
- Sinus trouble
- Hay fever
- Recurrent tonsillitis
- Hoarseness

Cardiovascular

- Heart murmur
- Palpitations/Irregular pulse
- Swollen ankles
- Fainting spells
- Chest pain
- Leg pain when walking
- Thrombophlebitis/Blood clots
- Varicose veins

Endocrine

- Thyroid disease/Goiter
- Diabetes
- Change in appetite/thirst
- Heat or cold intolerance

Skin

- Skin cancer
- Rashes/Psoriasis/Hives

Respiratory

- Shortness of breath
- Chronic cough
- Coughing up blood
- Tuberculosis/Positive skin test
- Pneumonia
- Asthma
- COPD
- Bronchitis

Gastrointestinal

- Loss of appetite
- Indigestion/Heartburn
- Persistent nausea/vomiting
- Abdominal pain
- Change in bowel habit
- Persistent diarrhea/constipation
- Colitis
- Diverticulosis
- Bloody or tarry stools
- Hemorrhoids
- Gall bladder problem
- Jaundice/hepatitis
- Hernia

Genitourinary

- Urine infections
- Pain with urination
- Protein/sugar/blood in urine
- Frequent overnight urination
- Problems with control of urination
- Decrease in force of urination
- Urethral discharge
- DES exposure

Musculoskeletal

- Muscle weakness
- Arthritis/Rheumatism
- Recurrent back pain
- Gout

Hematologic

- Anemia
- Bruise easily
- Cancer

Neurologic

- Frequent headache
- Migraine headache
- Numbness/Tingling
- Seizures/convulsions
- Stroke
- Tremor/shakiness

Psychiatric

- Nervousness
- Depression
- Memory loss
- Moodiness
- Mental illness
- Suicide attempt

Eye

- Double/blurred vision
- Glaucoma
- Eye infections
- Eye pain

Females

- Breast disease
- Severe pain w/periods
- Irregular periods
- Pain/bleeding after sex

Males

- Testicular mass/pain
- Varicocele
- Weak erections
- Prostate problems