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Internal Medicine

History & Physical

Name _____ Date _____
Address _____ Occupation _____
Phone (home) _____ (work) _____ DOB _____ Age _____
Chief complaint _____

Drug Allergies

_____
_____
_____
_____

Current Meds

_____
_____
_____
_____
_____
_____

Family History

	Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
Heart Disease	___	___	___	___	___	___
High Blood Pressure	___	___	___	___	___	___
Stroke	___	___	___	___	___	___
Cancer	___	___	___	___	___	___
Glaucoma	___	___	___	___	___	___
Diabetes	___	___	___	___	___	___
Epilepsy/Convulsions	___	___	___	___	___	___
Bleeding Disorder	___	___	___	___	___	___
Kidney Disease	___	___	___	___	___	___
Thyriod Disease	___	___	___	___	___	___
Mental Illness	___	___	___	___	___	___
Osteoporosis	___	___	___	___	___	___

Hospitalization or Surgery

Reason	Date	Reason	Date

Medical History

___ Hypertension
___ Hyperlipidemia
___ Heart palpitations
___ Heart Murmur
___ Arrhythmia
___ Chest Pain / Angina
___ MI
___ Stroke / TIAs
___ Claudications
___ Congestive heart failure
___ Congenital heart Disease
___ Headache
___ Epilepsy

___ Dizziness / Fainting
___ Anxiety
___ Fatigue
___ Shortness of breath
___ Orthopnea
___ Allergies / Hay fever
___ Asthma
___ COPD
___ Pneumonia
___ Venareal Disease
___ Scarlet fever
___ Rheumatic fever
___ Liver Disease

___ Ulcer
___ GI Disorder
___ Sexual dysfunction
___ Menstrual dysfunction
___ Incontinence
___ Anemia
___ Arthritis
___ Osteoporosis
___ Gout
___ Diabetes
___ Endocrine Disease
___ Other
___ Other

Women Only: Pregnant? ___ Yes ___ No Planning Pregnancy? ___ Yes ___ No

Men Only: *It's common for men to occasionally experience erection difficulties. Is this something that happens to you? __ Yes __ No*
Do you occasionally experience erection difficulties? ___ Yes ___ No

Habits

Smoke: Packs daily _____
How long? _____
Interested in stopping? _____
Exercise routine: _____
_____
_____

Coffee: Cups daily _____
Other Caffeine _____
Alcohol: Type _____
Amount _____
Diet: Salt intake _____
Fat intake _____

Sleep: Difficulty falling asleep _____
Continuity disturbances _____
Snoring _____
Early awakening _____
Daytime drowsiness _____
Other _____