Southwest General Medical Group

Patient History

Name:				Age:	D(OB: _			Date	:
Occupation:										
Previous Physician:										
Below are a number of questions co questions as accurately as possible enable us to expedite proper medica released to anyone without your price	. This was al service	rill enable es to you	e us to b	ecome complete	ely fai	miliar	with yo	ur med	ical hist	tory as well as
List all past medical conditions:				SOCIAL HISTORY						
				Do you:				Yes	No	Daily consumption
			Use tobacco						packs	
				Drink coffee						cups
Operations / Hospitalization	Yes	No	Date	Alcohol						servings
Tonsils				Hard liquor / wine consumption servings				servings		
Appendix				Other informa	_					
Gall Bladder				Have you received a blood or plasma transfusion ☐ Y ☐ N						
Stomach				Substance abuse: ☐ Y ☐ N						
Kidney				IMMUNIZATIO	ON (c	heck tl	hose you	ı have ha	d and pl	ease note year):
Colon				☐ Tetanus ☐ Pneumonia ☐ Hepatitis B						
Thyroid				☐ Chicken Pox ☐ Childhood Immunization(s)						
Hernia				□ Other:						
Uterus (women)						FAN	/ILY H	ISTORY	′	
Ovaries (women)				Living Health Problems						
Prostate (man)				Age	Good	Health Fair	Poor	Age at death		alth Problems use of Death
Joint Replacement				Father						
Pregnancy / C-Section				Mother						
Other:				Brother(s)						
				Sister(s)						
Female Only Menstrual History:				Please ✓ box	belo	w an	d list b	lood re	lative ı	next to illness:
Onset at age:			☐ Anemia ☐ Heart Disease							
Days of flow:				☐ Arthritis ☐ High Blood Pressure ☐						
Length of cycle:				□ Asthma □ Stroke						
Number of pregnancies:				☐ Cancers ☐ Thyroid Disease						
Last mammogram (date):			☐ Depression /	Suicio	dal					
Last Pap / Pelvic / Breast exam (date):									Bleeding	
List below all medications you are presently taking (including birth control and diet pills).			☐ Diabetes ☐ Ulcer ☐ Others							
,			☐ Epilepsy ☐ Other: Doctor's Use Only – Summary:							
			Doctor's Use	Only	– Su	mmary	/ :			
List all allergies to medications:										
<u> </u>										

Have you had problems with any of the following within the **PAST** year?

Weight Loss or Gain	General	Urinary	Pre-Menstrual Problems
Fever			
Trouble Sleeping			
Chronic Fatique" Bloody Urine Headaches Acne Acne Other PMS Issues			
Eaxy Bruising			
Basy Bruising		□ Bloody Offile	
Abnormal Thirst		Musculoskolotal	
Joint Pains Joint Pains Hot Flashes Hot Flashes Night Sweats			Li Other Fivio 1330c3
Eyes	Li Abrioffiai Tilist		Menonause Issues
Itchy, Red eyes	Evos		
Vision Problems		o	
Carr Pain		□ Clot III Leg VeIII	☐ Night Sweats
Ear Pain	Z Violen i repleme	Neurologic	Breast Problems
□ Ear Pain □ Dizziness □ Breast Lump □ Nipple Discharge □ Other Breast Issues Nose □ Sinus Problems □ Sinus Problems □ Skin □ Vaginal Discharge □ Itching / Irritation □ Valvar Pain □ Vulvar Pain □ Vulvar Pain □ Vulvar Lumps / Growth □ Vulvar Lumps / Growth □ Vulvar Lumps / Growth □ Vulvar Sores □ Sexual Problems □ Coughing up Blood □ Depression □ Depression □ Decreased Desire □ Desire Desire □ Desire Desire □ Desire Desire □ Desi	Fars		
Ringing in Ears		•	
Numbness			
Nose			
Sinus Problems	5		
Sinus Problems Skin □ Vaginal Discharge □ Itching / Irritation Mouth □ Unwanted Hair Growth □ Vulvar Pain □ Vulvar Sores □ Painful Intercourse □ Painful Intercourse □ Painful Intercourse □ Decreased Desire □ Decreased Desire	Nose	☐ Fainting Spells	Other Gynecologic Issues
Acne	☐ Sinus Problems	- 1	
Mouth □ Unwanted Hair Growth □ Vulvar Lumps / Growth □ Mouth Sores □ Dry Skin □ Dental Problems Emotional □ Painful Intercourse □ Coughing up Blood □ Excessive Worry □ Bleeding after Intercourse □ Shortness of Breath □ Depression □ Decreased Desire □ Chronic Cough □ Serious Thoughts of harming □ Dryness □ Blood Clot in Lungs □ Possible Exposure to STD □ Painful Breathing □ Other Sexual Issue □ Wheezing Menstrual Problems □ Cramps / Pain □ Other Sexual Issue □ Chest Pain □ Too Frequent Periods □ Menopause Issues □ Ankle or Hand Swelling □ Missed a Period □ Pregnancy Issues □ Constipation □ Other Period Issues □ Sexuality Issues □ StD's □ Other □ Constipation □ Stools □ Other □ Blood Stools □ Nausea / Vomiting	☐ Nose Bleeds	Skin	☐ Itching / Irritation
□ Sore Throat □ Unusual Lump or Growth □ Vulvar Sores □ Dental Problems Emotional □ Painful Intercourse □ Coughing up Blood □ Depression □ Decreased Desire □ Shortness of Breath □ Frequent Crying □ Orgasm Problems □ Chronic Cough □ Serious Thoughts of harming yourself or others □ Dryness □ Blood Clot in Lungs □ Orgasm Problems □ Painful Intercourse □ Decreased Desire □ Orgasm Problems □ Dryness □ Dryness □ Dryness <		☐ Acne	□ Vulvar Pain
☐ Mouth Sores ☐ Dry Skin ☐ Dental Problems Emotional ☐ Painful Intercourse ☐ Coughing up Blood ☐ Excessive Worry ☐ Bleeding after Intercourse ☐ Shortness of Breath ☐ Frequent Crying ☐ Orgasm Problems ☐ Chronic Cough ☐ Serious Thoughts of harming ☐ Dryness ☐ Blood Clot in Lungs ☐ Dryness ☐ Dryness ☐ Painful Breathing ☐ Other Sexual Issue ☐ Wheezing ☐ Other Sexual Issue Menstrual Problems ☐ Other Sexual Issue ☐ Cramps / Pain ☐ Would you like to discuss any of the following? ☐ Contraception ☐ Menopause Issues ☐ Menopause Issues ☐ Pregnancy Issues ☐ Sexual Problems ☐ Other Periods ☐ Too Frequent Periods ☐ Menopause Issues ☐ Menopause Issues ☐ Sexuality Issues ☐ Serous Exam ☐ Sexual Problems ☐ Other Period Issues ☐ Other	Mouth	□ Unwanted Hair Growth	□ Vulvar Lumps / Growth
□ Dental Problems Emotional □ Painful Intercourse Lungs □ Excessive Worry □ Bleeding after Intercourse □ Coughing up Blood □ Depression □ Decreased Desire □ Shortness of Breath □ Frequent Crying □ Orgasm Problems □ Chronic Cough □ Serious Thoughts of harming yourself or others □ Dryness □ Painful Breathing □ Other Sexual Issue □ Wheezing Menstrual Problems □ Cramps / Pain □ Other Sexual Issue □ Heavy Bleeding □ Contraception □ Irregular Heart Beat □ Bleeding Between Periods □ Contraception □ Ankle or Hand Swelling □ Missed a Period □ Pregnancy Issues □ Sexuality Issues □ Sexuality Issues □ Sexuality Issues □ STD's □ Constipation □ Other □ Blood Stools □ Other □ Nausea / Vomiting □ Other		☐ Unusual Lump or Growth	☐ Vulvar Sores
Lungs	☐ Mouth Sores	☐ Dry Skin	
Lungs □ Excessive Worry □ Bleeding after Intercourse □ Coughing up Blood □ Depression □ Decreased Desire □ Shortness of Breath □ Frequent Crying □ Orgasm Problems □ Chronic Cough □ Serious Thoughts of harming yourself or others □ Dryness □ Possible Exposure to STD □ Other Sexual Issue Menstrual Problems □ Cramps / Pain □ Other Sexual Issue Cardiovascular □ Heavy Bleeding the following? □ Chest Pain □ Too Frequent Periods □ Contraception □ Irregular Heart Beat □ Missed a Period □ Pregnancy Issues □ Ankle or Hand Swelling □ Other Period Issues □ Self Breast Exam □ Sexuality Issues □ STD's □ Other □ Constipation □ Blood Stools □ Other □ Blood Stools □ Other □ Other	□ Dental Problems		Sexual Problems
□ Coughing up Blood □ Depression □ Decreased Desire □ Shortness of Breath □ Frequent Crying □ Orgasm Problems □ Chronic Cough □ Serious Thoughts of harming yourself or others □ Dryness □ Dryness □ Dother Sexual Issue □ Possible Exposure to STD □ Other Sexual Issue Would you like to discuss any of the following? □ Contraception □ Irregular Heart Beat □ Bleeding Between Periods □ Menopause Issues □ Ankle or Hand Swelling □ Other Period Issues □ Self Breast Exam □ Sexuality Issues □ StrD's □ Constipation □ Other □ Blood Stools □ Other □ Nausea / Vomiting □ Other		Emotional	☐ Painful Intercourse
□ Shortness of Breath □ Frequent Crying □ Orgasm Problems □ Chronic Cough □ Serious Thoughts of harming yourself or others □ Dryness □ Painful Breathing □ Other Sexual Issue □ Wheezing Menstrual Problems □ Cramps / Pain □ Other Sexual Issue □ Chest Pain □ Heavy Bleeding □ Irregular Heart Beat □ Bleeding Between Periods □ Contraception □ Ankle or Hand Swelling □ Missed a Period □ Pregnancy Issues □ Self Breast Exam □ Sexuality Issues □ Sexuality Issues □ STD's □ Constipation □ Other □ Blood Stools □ Other □ Nausea / Vomiting □ Other	Lungs	☐ Excessive Worry	□ Bleeding after Intercourse
□ Chronic Cough □ Serious Thoughts of harming yourself or others □ Dryness □ Painful Breathing □ Other Sexual Issue □ Wheezing Menstrual Problems □ Cramps / Pain □ Heavy Bleeding □ Irregular Heart Beat □ Too Frequent Periods □ Ankle or Hand Swelling □ Missed a Period □ Gastrointestinal □ Other Period Issues □ Frequent Diarrhea □ Other □ Constipation □ STD's □ Nausea / Vomiting □ Other	☐ Coughing up Blood	☐ Depression	□ Decreased Desire
□ Blood Clot in Lungs yourself or others □ Possible Exposure to STD □ Painful Breathing □ Other Sexual Issue □ Wheezing Menstrual Problems □ Cramps / Pain □ Would you like to discuss any of the following? □ Chest Pain □ Too Frequent Periods □ Contraception □ Irregular Heart Beat □ Bleeding Between Periods □ Menopause Issues □ Ankle or Hand Swelling □ Other Period Issues □ Self Breast Exam □ Sexuality Issues □ STD's □ Constipation □ Other □ Blood Stools □ Other □ Nausea / Vomiting □ Other			
□ Painful Breathing □ Other Sexual Issue □ Wheezing Menstrual Problems □ Cramps / Pain □ Heavy Bleeding □ Chest Pain □ Too Frequent Periods □ Irregular Heart Beat □ Bleeding Between Periods □ Menopause Issues □ Ankle or Hand Swelling □ Other Period Issues □ Pregnancy Issues □ Setrointestinal □ Sexuality Issues □ STD's □ Constipation □ Other □ Blood Stools □ Other □ Nausea / Vomiting □ Other			
□ Wheezing Menstrual Problems □ Cramps / Pain Would you like to discuss any of the following? □ Chest Pain □ Too Frequent Periods □ Contraception □ Irregular Heart Beat □ Bleeding Between Periods □ Menopause Issues □ Ankle or Hand Swelling □ Other Period Issues □ Self Breast Exam □ Setrointestinal □ StD's □ Constipation □ Other □ Blood Stools □ Other □ Nausea / Vomiting □ Other		yourself or others	
Cardiovascular ☐ Chest Pain ☐ Irregular Heart Beat ☐ Ankle or Hand Swelling ☐ Frequent Diarrhea ☐ Constipation ☐ Blood Stools ☐ Nausea / Vomiting ☐ Cramps / Pain ☐ Heavy Bleeding ☐ Too Frequent Periods ☐ Too Frequent Periods ☐ Bleeding Between Periods ☐ Menopause Issues ☐ Pregnancy Issues ☐ Sexuality Issues ☐ STD's ☐ Other			☐ Other Sexual Issue
Cardiovascular ☐ Heavy Bleeding the following? ☐ Chest Pain ☐ Too Frequent Periods ☐ Contraception ☐ Irregular Heart Beat ☐ Bleeding Between Periods ☐ Menopause Issues ☐ Menopause Issues ☐ Pregnancy Issues ☐ Self Breast Exam ☐ Sexuality Issues ☐ STD's ☐ Other ☐ Blood Stools ☐ Other ☐ Nausea / Vomiting ☐ Other	☐ Wheezing		
□ Chest Pain □ Too Frequent Periods □ Contraception □ Irregular Heart Beat □ Bleeding Between Periods □ Menopause Issues □ Ankle or Hand Swelling □ Missed a Period □ Pregnancy Issues □ Self Breast Exam □ Sexuality Issues □ Constipation □ STD's □ Blood Stools □ Other □ Nausea / Vomiting		·	
□ Irregular Heart Beat □ Bleeding Between Periods □ Menopause Issues □ Ankle or Hand Swelling □ Missed a Period □ Pregnancy Issues □ Self Breast Exam □ Sexuality Issues □ Constipation □ STD's □ Blood Stools □ Other □ Nausea / Vomiting □ Other		, ,	
□ Ankle or Hand Swelling □ Missed a Period □ Pregnancy Issues □ Other Period Issues □ Self Breast Exam □ Sexuality Issues □ STD's □ Constipation □ Other □ Blood Stools □ Other □ Nausea / Vomiting □ Other			
Gastrointestinal ☐ Frequent Diarrhea ☐ Constipation ☐ Blood Stools ☐ Nausea / Vomiting ☐ Other Period Issues ☐ Self Breast Exam ☐ Sexuality Issues ☐ STD's ☐ Other			
Gastrointestinal □ Sexuality Issues □ STD's □ Constipation □ Blood Stools □ Nausea / Vomiting	☐ Ankle or Hand Swelling		
☐ Frequent Diarrhea ☐ Constipation ☐ Blood Stools ☐ Nausea / Vomiting ☐ STD's ☐ Other	On a function for a final	☐ Other Period Issues	
☐ Constipation ☐ Other ☐ Blood Stools ☐ Nausea / Vomiting ☐ Other			•
☐ Blood Stools ☐ Nausea / Vomiting	•		
□ Nausea / Vomiting			□ Other
	_ nomormoido		

Other (please explain):	
Doctor's Use Only – Summary:	

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