Maxa Internal Medicine / Patient Medical History Form

Patient Name: _____ DOB:_____ Visit Date: _____

Please mark YES or NO for any symptoms you have had within the last two weeks

General

Weight Loss:	O Yes	O No
Change in appetite:	O Yes	O No
Weight Gain:	O Yes	O No
Fatigue:	O Yes	O No
Fever:	O Yes	O No
Night Sweats:	O Yes	O No

Eyes

Pain:	O Yes	O No
Blurred vision:	O Yes	O No
Itching/Redness:	O Yes	O No
Dry eyes:	O Yes	O No

ENT

Congestion:	O Yes	O No
Nose Bleeds:	O Yes	O No
Sinus pain:	O Yes	O No
Post Nasal drip:	O Yes	O No
Ringing in ears:	O Yes	O No
Ear pain:	O Yes	O No
Decreased hearing:	O Yes	O No
Sore Throat:	O Yes	O No
Swollen glands:	O Yes	O No

Endocrine

Change in Voice:	O Yes	O No
Heat Intolerance:	O Yes	O No
Cold Intolerance:	O Yes	O No
Breast Changes:	O Yes	O No
Loss of Hair:	O Yes	O No
ExcessiveThirst:	O Yes	O No
Low Blood Sugar:	O Yes	O No

Respiratory

Phlegm (sputum production):	O Yes	O No
Shortness of Breath:	O Yes	O No
Cough:	O Yes	O No
Coughing up blood:	O Yes	O No
Wheezing:	O Yes	O No

Cardiovascular

Chest pain:	O Yes	O No
Swollen extremities:	O Yes	O No
Irregular Heartbeat:	O Yes	O No
Tightness/Pressure:	O Yes	O No

Gastrointestinal

Nausea:	O Yes	O No
Vomiting:	O Yes	O No
Abdominal pain:	O Yes	O No
Gas:	O Yes	O No
Bloating:	O Yes	O No
Heartburn:	O Yes	O No
Difficulty swallowing:	O Yes	O No
Change in bowel habits:	O Yes	O No
Constipation:	O Yes	O No
Diarrhea:	O Yes	O No
Blood in stool:	O Yes	O No

Hematologic

Easy Bruising:	O Yes	O No
Prolonged bleeding:	O Yes	O No
Recent blood transfusion:	O Yes	O No

Genitourinary

Urgent urination:	O Yes	O No
Burning w/ Urination:	O Yes	O No
Blood in urine:	O Yes	O No
Incontinence:	O Yes	O No
Frequent urination:	O Yes	O No
Frequent urination at night:	O Yes	O No

Musculoskeletal

Painful Joints:	O Yes	O No
Swollen Joints:	O Yes	O No
Leg Cramps:	O Yes	O No
Back Pain:	O Yes	O No
Weakness:	O Yes	O No

Skin

Nail Changes:	O Yes	O No
Rash:	O Yes	O No
Skin lesions:	O Yes	O No
Dry:	O Yes	O No

Neurologic

Headaches:	O Yes	O No
Dizziness:	O Yes	O No
Loss of sensation:	O Yes	O No
Trembling hands:	O Yes	O No
Confusion:	O Yes	O No
Slurred speech:	O Yes	O No
Tingling/Numbness:	O Yes	O No
Trouble Walking:	O Yes	O No
Trouble with coordination:	O Yes	O No
Memory loss:	O Yes	O No
Lack of concentration:	O Yes	O No

Psychiatric

Anxiety:	O Yes	O No
Depressed mood:	O Yes	O No
Stressors:	O Yes	O No
Difficulty sleeping:	O Yes	O No
Suicidal thoughts:	O Yes	O No

Past Medical History

- O GERD/Heartburn
- O Ulcers
- O Colon Polyps
- O Hernia
- O Pancreatitis
- O Ulcerative Colitis
- O Hypertension
- O Coronary Artery Disease
- O Anemia
- O Congestive Heart Failure
- O Atrial Fibrillation
- O Pacemaker
- O COPD
- O Diabetes
- O Thyroid Problems
- O Elevated Cholesterol
- O Stroke
- O Kidney stones
- O Fibromyalgia
- O Arthritis
- O Chronic Back pain
- O Cancer
- O Kidney Failure
- O Heart Attack
- O Seizures
- O History of mental illness
- O Depression
- O Paralysis
- O Migraine
- O Gout
- O Cataracts
- O Glaucoma
- O Prostate problems
- O Asthma

Surgical History

- O Colonoscopy
- O EGD(Upper endoscopy)
- O Ulcer Surgery
- O Colon Surgery
- O Cholecystectomy
- O Appendectomy
- O Hemorrhoidectomy
- O Heart Bypass Surgery
- O Heart Valve Replacement
- O Hysterectomy
- O Ovaries Removed
- O Breast Cancer Surgery
- O Breast Surgery
- O Prostate Surgery
- O Back Surgery
- O Hip Surgery
- O Knee Surgery
- O Weight Loss Surgery
- O Eye Surgery

Family History **Mark only those that apply or NONE**

Mother	O Arthritis	O Heart Attack	O Heart Disease	O Peripheral Vascular Disease	
	O Hypertension	O High Cholesterol	O Diabetes Mellitus	O Stroke	O Cancer
Father	O Arthritis	O Heart Attack	O Heart Disease	O Peripheral Vascular Disease	
	O Hypertension	O High Cholesterol	O Diabetes Mellitus	O Stroke	O Cancer
Siblings	O Arthritis	O Heart Attack	O Heart Disease	O Peripheral Vascular Disease	
	O Hypertension	O High Cholesterol	O Diabetes Mellitus	O Stroke	O Cancer
Grandparent	O Arthritis	O Heart Attack	O Heart Disease	O Peripheral Vascular Disease	
	O Hypertension	O High Cholesterol	O Diabetes Mellitus	O Stroke	O Cancer