

# New Patient Consultation

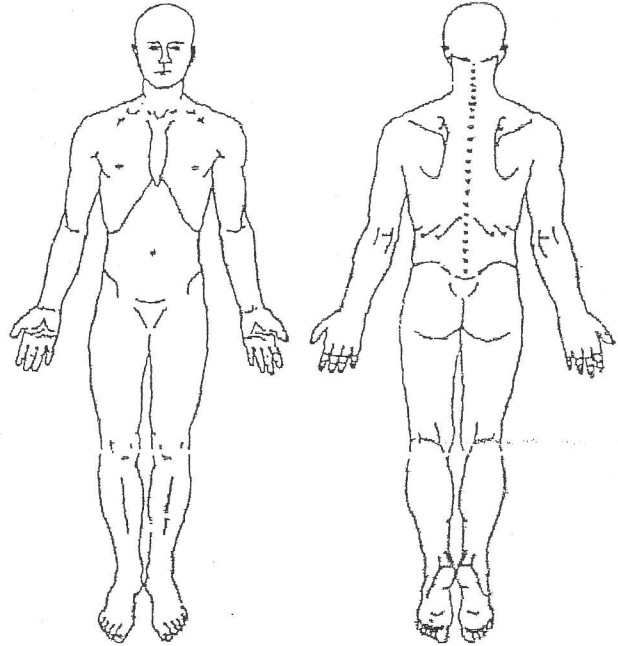
Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Which hand do you write with: Right / Left / Ambidextrous

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Please describe the problem.



When did it begin?

Is there a time of day that it is worse?

What helps the most?

What makes it worse?

Current Medications:

Name

Dosage

Medical History

Surgical History

Family History

mother

father

siblings

children

Current Occupation:

Former Occupations

Drug Allergies:

Alcohol Use: y / n

Cigarette Use: y / n

Drinks per day:

Cigarettes per day:

## Please list your current MDs

Name

Specialty

Number

### Review of Systems

Please put an "x" next to the item if you have had that problem and explain severity and duration.

hypertension/ diabetes/ high cholesterol

difficulty walking  
difficulty getting up from chair  
difficulty with bathroom  
pain in the lower back

difficulty with writing  
difficulty with using hands  
dropping objects  
pain in the neck

#### General

loss of appetite  
loss of weight  
insomnia  
fevers  
frequent infections

#### Neurological

headaches  
seizures  
strokes  
memory loss, confusion  
loss of consciousness

#### Head and Neck

vision difficulties  
speech difficulty  
taste loss, loss of smell  
loss of hearing / noise in ear  
vertigo

#### Cardiovascular

heart attacks  
chest pain  
irregular heart beat  
decreased endurance  
dizziness when standing

#### Respiratory

shortness of breath  
cough  
asthma

#### Endocrine

abnormal blood sugars  
thyroid function

muscle twitching  
muscle cramps  
pain after exercise

poor coordination  
slowing of movements  
difficulty with balance

history of trauma  
history of chronic disease.

#### Muskuloskeletal

pain in joints, bones, muscles  
history of broken bones  
swelling of an extremity  
arthritis

#### Gastrointestinal

nausea  
reflux  
diarrhea  
constipation  
blood in stool  
abdominal pain  
drooling  
difficulty swallowing, drinking

#### Genitourinary

urinary frequency  
difficulty with urination  
kidney stones  
blood in urine  
sexual dysfunction

#### Hematological

easy bruising, bleeding  
anemia  
radiation therapy  
chemotherapy

#### Dermatological

rash  
skin problems

#### Psychiatric

depressed mood  
paranoia  
obtrusive thoughts