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You are scheduled for your complete physical examination at Carolina Internal Medicine in the near future. One of the important things we accomplish at this visit is to make sure your medical database is accurate and up to date. The following questions will help us in that regard. **Please bring this form with you to your appointment.**

Patient Name: _____ **MR#** _____

CURRENT CONCERNS:

Please list problems that concern you the most that we need to address at your physical.

ALLERGIES/INTOLERANCES TO MEDICINE:

Since your last physical, have you taken any medication that has caused an allergic reaction or that you did not tolerate? _____

FAMILY MEDICAL HISTORY:

Since your last physical exam, have there been any new medical problems or deaths in your immediate family? Please list them. _____

SOCIAL HISTORY:

Any current tobacco usage? _____

How much alcohol, of any type, do you currently consume? _____

Do you exercise regularly? What type and for how long? _____

Have you updated your living will or healthcare power of attorney? _____

Are you following any specific diet? _____

PERSONAL MEDICAL HISTORY:

Date of last eye exam? _____ Name of eye doctor? _____

Date of last Gynecology exam? _____ Name of gynecologist? _____

(Please ask your eye doctor and/or gynecologist to fax a copy of your most recent exam to our office.)

PHQ-2

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

A complete and accurate medication list is **EXTREMELY** important, especially when other providers may be writing some of your prescriptions. List your current medications, their strength, and how you take them. Include over-the-counter medications that you take on a regular basis. Feel free to attach a list if there is not enough room here.

	MEDICATION	STRENGTH/DOSE	DIRECTIONS FOR USE (e.g. Take once per day)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

MEDICAL PROBLEMS AND SURGERIES:

Since your last physical exam, have there been any surgeries, including eye surgeries and skin cancer removals? Please list them. _____

Any procedures such as colonoscopy, upper endoscopy, laser treatments, mammogram, etc? _____

Any new medical problems, including hospitalizations, since your last physical? Please list them. _____

Please circle any symptoms you are having:

1. **GENERAL:** Change in activity/energy/appetite change/weight change/fever/chills/night sweats
2. **HEAD:** Headache/trauma
3. **EYES:** Visual changes/double vision
4. **EARS:** Ringing/hearing loss/infection/drainage/pain
5. **NOSE/THROAT:** Nosebleed/gum bleeding/tongue soreness/difficulty swallowing/hoarseness
6. **LUNGS:** Shortness of breath/cough/wheezing/coughing up blood
7. **HEART:** Chest pain/heart skips/rapid heart beat/exertional shortness of breath
8. **ABDOMEN:** Stomach pain/sour taste in throat/nausea/vomiting/ diarrhea/constipation/black stools/blood in stool
9. **URINARY: Men:** Difficulty urinating/blood in urine/prostate enlargement/sexual problems/penile discharge
Women: Painful urination/increase in frequency of urination/blood in urine/vaginal discharge/vaginal bleeding outside of normal menstrual cycle/menopause/vaginal dryness/hot flashes/mood swings.
10. **JOINTS/MUSCLES:** Pain in joints/pain in muscles/weakness/joint swelling/backache
11. **NEUROLOGICAL:** Dizziness/loss of consciousness/transient loss of function in arms or legs/seizures
12. **SKIN:** Rashes/non-healing lesions/history of skin cancer
13. **BREAST/CHEST:** Breast lumps or tenderness/chest wall tenderness
14. **EMOTIONAL:** Nervousness/mood swings/depression/difficulty coping
15. **ENDOCRINE:** Thyroid trouble/heat or cold intolerance/diabetes/excessive thirst, hunger, or urination
16. **BLOOD/GLANDS:** Anemia/easy bruising/easy bleeding/swollen glands