HOW ARE YOU TODAY?

Please $\underline{\text{only mark current symptoms}}$ so we can bette assist you.
Review Of Systems
Constitutional
weight gainweight loss
<u>ENMT</u>
hoarseness/sore throatstuffy nose/post nasal drip/sinus
Gastrointestinal
□ None
 abdominal pain abdominal swelling/abdominal fluid blood in stools change in bowel movements change/loss of appetite choking or gagging when eating constipation diet restrictions food allergies frequent diarrhea gallbladder disease heartburn/reflux hemorrhoids (piles)
 hepatitis jaundice/liver disease nausea/upset stomach painful bowel movements pale/clay colored stools rectal itching
 rectal pain trouble swallowing unbalanced diet vomiting vomiting blood anal insertions rectal trauma
o hernias

For office use only

Allergies:

- Osteoporosis screening Women Aged 65 & Older
 Urinary Incontinence Women Aged 65 & Older
 Breast Cancer Screening Women 50-74
 Pneumococcal Vaccine 65 & Older
 Colorectal Cancer Screening 50-75
 Influenza Immunization
 BMI Screening & Follow-up
 Tobacco Use screening & Follow-up
 Current Medications Documented

- · Current Medications Documented

Name								
Abshire	Arterbur	'n	Trawick		Karr			
Sylv	<i>r</i> ia	Susan		Cindy				
Genitourinary								
high risk sexual activityincontinence/leaky bladder								
Hematologic/lymphatic								
anemiablood transfusionstattoos/body piercings								
Integumentary								
 unusual itching 								
date of last mammogram								
Musculoskeletal								
date of last bone density								
Place done								
Respiratory								
□ tobacco use								
Year of last flu shot								
Year of last pneur	Year of last pneumonia shot							

Medication List Include Strength & How Often

Example: Nexium	40mg	1 every morning	