

Name: _____ DOB: _____ Date: _____

What would you like to discuss with the doctor today: _____

What medication refills do you need today: _____

Due to the changing guidelines of insurance companies, we will be required to address one type of service during your visit. Please choose below the office visit type that relates to the reason you wish to be seen today. Any additional concerns will need to be addressed at another visit. By not adding additional services, this will minimize patient wait times while increasing a better quality of service to our patients.

Annual exam

Discuss problems or test results

Post op visit

Procedure

GENERAL

- Fever
- Chills
- Headache
- Fatigue
- Loss of appetite
- Unexplained weight change

EYES

- Blurred vision
- Double vision
- Light sensitivity
- Pain in/around eyes
- Worsening vision
- Light sensitivity at night
- Eye disease or glaucoma
- Wear glasses/contacts

ENT

- Earache
- Ringing in ears
- Nasal drainage
- Nasal congestion
- Difficulty swallowing
- Sore throat or voice change
- Loss of hearing
- Hoarseness
- Nosebleeds
- Chronic sinus problems
- Mouth sores or bleeding gums
- Bad breath or bad taste

NECK

- Neck pain
- Neck stiffness
- Swollen glands
- Lump or swelling

BREAST

- Breast lump
- Nipple discharge
- Change in breast skin
- Breast pain
- Breast discharge
- Do you do self-breast exams monthly Yes/No

MUSCULOSKELETAL

- Back pain
- Muscle pain or cramps
- Joint pain
- Joint stiffness or swelling
- Leg pain
- Foot swelling
- Weakness of muscles or joints
- Difficulty walking
- Limited mobility of arms or legs

RESPIRATORY

- Sleep Apnea
- Chronic or frequent cough
- Shortness of breath
- Wheezing
- Difficulty breathing
- Coughing up sputum
- Coughing up blood
- Post-nasal drip
- Asthma or wheezing
- Emphysema
- TB (Tuberculosis)

CARDIOVASCULAR

- Chest pain or angina
- Difficulty breathing with activity
- Palpitations
- Shortness of breath when lying flat
- Swelling in legs/ankles
- Pain in legs with walking
- Cold hands/feet
- Heart murmur
- Racing or irregular heart beat
- High blood pressure

GASTROINTESTINAL

- Nausea
- Vomiting
- Frequent diarrhea
- Black/tarry stool
- Abdominal pain
- Bright red blood in stool
- Belching
- Bloating
- Bowel movement changes
- Constipation
- Lactose intolerant
- Difficulty swallowing
- Heartburn
- Gas
- Hemorrhoids
- Mucous in stool
- Pain with bowel movements
- Urgency with bowel movements
- Rectal bleeding
- Peptic ulcer (stomach or duodenal)
- Undesired loss of stool or gas
- History of hepatitis
- Colon cancer
- Colon polyps

GENITOURINARY

- Frequency of urination
- Urgency of urination
- Hesitancy of urination
- Blood in urine
- Pain with urination
- Burning with urination
- Emptying bladder at night
- Excessive bleeding during period
- Sexual difficulty
- Kidney disease/failure
- Changes in urinary habits
- Sexually transmitted disease
- Kidney stones
- Frequent bladder infections
- Undesired loss of urine

GYNECOLOGIC

- Sexual difficulty or pain with intercourse
- Heavy periods
- Irregular periods
- Vaginal discharge
- Last menstrual period _____
- Feels like your vagina/uterus is falling out at times
- Hot flashes
- Night sweats

ENDOCRINE

- Excessive urination
- Excessive thirst
- Temperature intolerance
- Hair problems
- Thyroid disease
- Diabetes
- Gland problems

HEMATOLOGIC (BLOOD)

- Easy bleeding tendency
- Easy bruising tendency
- Excessive bleeding
- Swollen nodes
- Slow to heal after cuts
- Anemia
- Blood clots
- Prior transfusion
- Enlarged glands

NEUROLOGIC

- Numbness
- Tingling
- Dizziness or light-headedness
- Fainting
- Memory loss or confusion
- Paralysis
- Speech difficulties
- Tremors
- Seizures or convulsions
- Difficulty walking
- Frequent headaches
- Weakness
- Stroke
- Head injury

PSYCHOLOGIC

- Anxiety
- Depression
- Sleep disturbance
- Loss of interest in activities
- Loss of sexual desire
- Suicidal thoughts

SKIN

- Rash
- Itching
- Bruising
- Hives
- Eczema
- Lesions
- Dry skin
- Jaundice
- Varicose veins

INFECTIOUS

- HIV/Aids
- Staph infection/MRSA

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