

Darrel Pierce MD

Medical History Cont.

Do you now, or have you recently experienced any of the following medical conditions/problems:

Y	N	Constitutional	Y	N	Gastroenterology
		Fever			Nausea/Vomiting
		Weight Loss			Heartburn
		EYES			Difficulty Swallowing
		Blurred Vision			Abdominal pain
		Red /Irritated eyes			Constipation/Diarrhea
		Loss of Vision			Blood in Stools
		ENT			Musculoskeletal
		Sore throat			Edema (Swelling)
		Ear pain			Arthritis
		Sinus pressure			Dermatology
		Lungs			Rash
		Shortness of breath			Moles
		Cough			Hematology
		Asthma			Blood transfusion
		Cardiovascular			Easy bleeding
		Chest pain			Bruising
		Shortness of breath with exertion			Endocrinology
		Palpitations/Murmur			Cold/Heat intolerance
		Fatigue			Hot flashes
		Neurology			Weight changes
		Headache			Psychiatric
		Seizure			Depression
		Memory Loss			Anxiety
		Gait abnormality			Drug abuse
		Allergy/Immunologic			Genitourinary
		Hay fever			Blood in urine
		Recurrent infections			Painful urination
					Increased urinary frequency

Social History

Alcohol: ___Y___N. How much do you drink? _____

Tobacco: ___y___N

Drugs: ___y___N

Family History

Mother: _____ Father _____

Siblings: _____

Paternal GM: _____ Paternal GF: _____

Maternal GM: _____ Maternal GF: _____

Aunt/Uncle: _____