

Name _____

Activity Level	
Fully active	0
Restricted in strenuous activity, able to do light work	1
Can walk, provide all self care, moves more than 50% while awake	2
Limited self care, confined to bed more than 50% while awake	3
Disabled, no self care, completely confined to bed or chair	4

Social History			Type / Frequency / How long
Alcohol use	Yes	No	
Tobacco use	Yes	No	
Recreational drug use	Yes	No	

Previous Hospitalizations	Year

Previous Surgery	Year

Active Medical Problems	Onset

Allergies	Reaction

Family History	Alive		Medical Problems
	Yes	No	
Mother	Yes	No	
Father	Yes	No	
Brother	Yes	No	
Sister	Yes	No	
	Yes	No	
	Yes	No	

Name _____

Medications	Reason for Med.

Review of Systems	Circle all that apply	
Constitutional Symptoms Good general health Recent weight loss Recent weight gain Fever Chills Fatigue Night Sweats	Eyes Wear glasses Wear contact lenses Blurred or double vision Cataracts	Gastrointestinal Heartburn Loss of appetite Nausea or vomiting Diarrhea Constipation Blood in bowel movements Abdominal pain
	Ears / Nose / Mouth / Throat Hearing loss Ringing in the ears Earaches Sinus problem Nose bleeds Mouth sores Voice change Sore throat Swollen glands in neck	
Cardiovascular Heart trouble Palpitations Chest pain or angina pectoris Shortness of breath with walking Shortness of breath lying flat Swelling of feet or ankles	Musculoskeletal Back pain Pain radiating down legs Hip pain Knee pain Shoulder pain Joint swelling Muscle weakness Muscle cramps Difficulty walking	Allergic/Immunologic Prior adverse reaction to: Penicillin or other antibiotics Morphine or other narcotics Lidocaine or other anesthetics Aspirin or other pain remedies Iodine Betadine
		Hematologic/Lymphatic Slow to heal after cuts Bleeding or bruising tendency Past transfusion Enlarged glands
Respiratory Chronic cough Shortness of breath Wheezing Coughing up blood	Psychiatric Memory loss Nervousness Depression Confusion Insomnia	Genitourinary Burning or painful urination Blood in urine Change in force of stream Incontinence or dribbling Kidney stones
Endocrine Glandular or hormone problem Excessive thirst or urination Heat or cold intolerance		