Pineland Associates

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NEW INFORMATION SINCE LAST EXAM ONLY		
Patient's Name:	Date:	
Please list any <u>NEW</u> medical problem(s):		
Please list any <u>NEW</u> pregnancy history (pregnancy, miscarriage, abortion):		
Please list any <u>NEW</u> surgery:		
Please list any NEW medication you are taking:		
Please list any <u>NEW</u> allergies to medication:		
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Please check (x) if you CURRENTLY have any of the following:

Please list any **NEW** family medical problems:__

Fatigue	Abdominal Pain	GYN Symptoms
Fever	Bloating	
Weight gain	Bloody stools	Amenorrhea
Weight loss	Change in bowel habits	Bloody urine
Bruising	Constipation	Painful intercourse
Hair growth	Diarrhea	Painful urination
Hair loss	Difficulty swallowing	Frequent urination
Rash	Hemorrhoids	Hot flashes
Headache	Heartburn	Night sweats
Blurred vision	Nausea	Painful periods
Glaucoma	Vomiting	Pelvic pain
Visual loss	Back pain	Urine loss
Ring in the ears	Joint pain	Vaginal discharge
Vertigo	Muscle pain/weakness	Vaginal itching/burning
Nose bleed	Memory loss	Heavy periods
Hoarseness	Dizziness	Irregular periods
Sore throat	Loss of consciousness	Breast lumps
Sinus pain	Numbness	Breast pain/tenderness
Neck lumps	Seizures	Nipple discharge
Neck stiffness	Fainting spells	
Cough	Tremors	
Coughing up blood	Depression	
Shortness of breath	Insomnia	
Wheezing	Panic attacks	
Chest pain	Excessive thirst	
Ankle swelling	Easy bruising	
Irregular heartbeat	Suicidal thoughts	
Palpitations		