PINNACLE MEDICAL GROUP
345 23rd Ave North Suite 306
Nashville, TN 37203
Ph: 615-320-3999 Fax: 615-320-8877

Name: _____

ARE YOU ***CURRENTLY*** EXPERIENCING ANY OF THE FOLLOWING?

Fever/Chills	O yes	O no	Joint swelling	O yes	O no
Nausea	O yes	O no	Difficulty urinating	O yes	O no
Vomiting	O yes	O no	Urine loss	O yes	O no
Fatigue/weakness	O yes	O no	Bloody urine	O yes	O no
Dizziness	O yes	O no	Bloody stool	O yes	O no
Chest pain	O yes	O no	Diarrhea	O yes	O no
Heart palpitations	O yes	O no	Constipation	O yes	O no
Ankle swelling	O yes	O no	Difficulty swallowing	O yes	O no
Shortness of breath	O yes	O no	Abdominal pain	O yes	O no
Cough	O yes	O no	Hemorrhoids	O yes	O no
Wheezing	O yes	O no	Change in vision	O yes	O no
Hearing loss	O yes	O no	Hot flashes	O yes	O no
Sinus pain	O yes	O no	Vaginal itching	O yes	O no
Excessive thirst	O yes	O no	Irregular periods	O yes	O no
Excessive urination	O yes	O no	Headache	O yes	O no
Weight loss	O yes	O no	Memory loss	O yes	Ono
Weight gain	O yes	O no	Depression	O yes	O no
Joint pain	O yes	O no	Anxiety	O yes	O no

Over the last 2 weeks, how often have you been bothered by the following problems?

1. Little interest or pleasure in doing things:
   O Not at all O Several Days O More than half the days O Nearly every day

2. Feeling down, depressed, or hopeless:
   O Not at all O Several Days O More than half the days O Nearly every day

As a patient here, you should:

*** If you are more than 15 minutes late, your appointment will be rescheduled for another day**

*** A $50.00 fee will apply if you do not reschedule/cancel your appointment within 2 BUSINESS DAYS**

*** Please allow up to 2 BUSINESS DAYS for any medication refills**

* **Multiple calls, voicemails, or portal messages for the same request will delay responses to your request.**

*** $$$ ALL BALANCE STATEMENTS WILL BE SENT TO YOUR PATIENT PORTAL $$$**

Signature _____ Date _____/_____/_____