



11685 Alpharetta Hwy, Suite 270
 Roswell, GA 30076
 (p) 770-619-5100 (f) 404-250-8067

Patient Name: _____

Patient Date of Birth: _____ Date: _____

What problem can we help with today? _____

PAST MEDICAL HISTORY

NO MEDICAL PROBLEMS

Problem	Type/Comment	Problem	Type/Comment
<input type="checkbox"/> Acid Reflux/GERD		<input type="checkbox"/> Heart Disease	
<input type="checkbox"/> Anemia		<input type="checkbox"/> Hepatitis C	
<input type="checkbox"/> Anxiety		<input type="checkbox"/> HIV	
<input type="checkbox"/> Asthma		<input type="checkbox"/> High Cholesterol	
<input type="checkbox"/> Bleeding Disorder		<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Cancer		<input type="checkbox"/> Kidney Disease	
<input type="checkbox"/> COPD		<input type="checkbox"/> Liver Disease	
<input type="checkbox"/> Depression		<input type="checkbox"/> Migraines	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Sleep Apnea	
<input type="checkbox"/> Hayfever (Allergies)		<input type="checkbox"/> Thyroid Disease	
<input type="checkbox"/> Other _____			

PAST SURGICAL HISTORY

NO PREVIOUS SURGERIES

Year	Type	Hospital/Doctor

HOSPITALIZATIONS

NO PREVIOUS HOSPITALIZATIONS

Year	Type	Hospital/Doctor

CURRENT SYMPTOMS (PLEASE CIRCLE) OR <input type="checkbox"/> NO SYMPTOMS			
Constitutional/General	Nipple Discharge	Indigestion	Endocrine
Fatigue	Cardiovascular	Genitourinary	Heat Intolerance
Fever	Chest Pain	Burning with Urination	Cold Intolerance
Chills	Fainting	Blood in Urine	Excessive Thirst
Weight Loss	Palpitations	Loss of Urine	Excessive Hair Growth
Weight Gain	Waking up Short of Breath	Urinating Frequently	Psychological
Loss of Appetite	Respiratory	Painful Urination	Anxiety
Eyes	Cough	Skin	Depression
Double Vision	Shortness of Breath at Rest	Rash	Homicidal Ideation
Eye Pain	Shortness of Breath-Exercise	Itching	Suicidal Ideation
Blurred Vision	Sputum	New Skin Lesions	Hematological/Lymphatic
Change in Vision	Wheezing	Neurological	Easy Bleeding
Ear, Nose, Mouth, Throat	Gastrointestinal	Seizures	Easy Bruising
Stuffy Nose	Nausea	Frequent Falls	Lymph Node Enlargement
Runny Nose	Vomiting	Dizziness	Ice Chewing
Ringing in Ear	Diarrhea	Headaches	Allergic/Immunological
Trouble Swallowing	Constipation	Musculoskeletal	Allergic Dermatitis
Sore Throat	Heartburn	Joint Pain	Frequent Illnesses
Ear Pain	Blood in Stools	Joint Swelling	Sinus Allergy Symptoms
Breasts	Black Stools	Muscular Weakness	
Lumps	Abdominal Pain	Back Pain	

Office Use Only
Reviewed by MD: _____ Date: _____