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History/HPI Form - Sick Visit O:(843) 491-3007 F:(888) 895-4537 Date: **Home Address:** Patient Name: _____ Date of Birth: **Phone Number:** Responsible Party: Any Medical Conditions(list) Any Surgeries (list) **Any Hospitalizations** (list) **Current Medications, OTC or Herbals** (list) ***ALLERGIES*** Social History Marital Status

☐ Single ☐ Married Tobacco ETOH□ No □ Yes _____ppd x _____years ☐ No ☐ Yes Amount per Occupation(s) Illicit Drug Use □ No ☐ Yes What and how much? **Family History** Mother Father ☐ Alive, Age ____ of ____ of ____ ☐ Alive, Age ____ of ____ of ____ **REVIEW OF SYSTEMS:** PLEASE CIRCLE THE ONES THAT APPLY. **Constitution** (Health in General) □ No Problems. Lack of energy, unexplained weight gain or weight loss, loss of appetite, fever, night sweats, pain in jaws when eating, scalp tenderness, prior diagnosis of cancer. Other: Ears, Nose, Mouth & Throat
No Problems. Difficulty with hearing, sinus problems, runny nose, post-nasal drip, ringing in ears, mouth sores, loose teeth, ear pain, nosebleeds, sore throat, facial pain or numbness. Other: C-V (Heart & Blood Vessels) \(\sigma\) No Problems. Irregular heartbeat, racing heart, chest pains, swelling of feet or legs, pain in legs with walking. Other: **Resp.** (Lungs & Breathing) □ No Problems. Shortness of breath, night sweats, prolonged cough, wheezing, sputum production, prior tuberculosis, pleurisy, oxygen at home, coughing up blood, abnormal chest x-ray. Other: GI (Stomach & Intestines)

No Problems. Heartburn, constipation, intolerance to certain foods, diarrhea, abdominal pain, difficulty swallowing, nausea, vomiting, blood in stools, unexplained change in bowel habits, incontinence. Other: GU (Kidney & Bladder)

No Problems. Painful urination, frequent urination, urgency, prostate problems, bladder problems, impotence. Other: MS (Muscles, Bones, Joints) \(\subseteq \text{No Problems. Joint pain, aching muscles, shoulder pain, swelling of joints, joint deformities, back pain. Other: Integ. (Skin, Hair & Breast)

No Problems. Persistent rash, itching, new skin lesion, change in existing skin lesion, hair loss or increase, breast changes. Other: **Neurologic** (Brain & Nerves) □ No Problems. Frequent headaches, double vision, weakness, change in sensation, problems with walking or balance, dizziness, tremor, loss of consciousness, uncontrolled motions, visual loss. Other: Psychiatric (Mood & Thinking)

No Problems. Insomnia, irritability, depression, anxiety, recurrent bad thoughts, mood swings, hallucinations, compulsions. Other:

Endocrinologic (Glands) □ No Problems. Intolerance to heat or cold, menstrual irregularities, frequent hunger/urination/thirst, changes in sex drive. Other:

Hematologic (Blood/Lymph) □ No Problems. Easy bleeding, easy bruising, anemia, abnormal blood tests, leukemia, unexplained swollen areas. Other:

Allergic/Immunologic □ No Problems. Seasonal allergies, hay fever symptoms, itching, frequent infections, exposure to HIV. Other:

Illness (I	Describe):						
When Did it start? How did it start? What Medication have you taken / what have you tried:							
Doctor's S	Section & Notes	s:					
Temp:	BP:	RR:	O2 :	%/RA	Weight:	lbs	Height:
SKIN: Ins HEENT: 1 and pupils lesions, or Ears: NECK: St CHEST: N LUNGS: A CARDION ABDOME palpable. LYMPH N MUSCUL tone were EXTREMI NEUROL reflexes w	pection of the The sclerae we were equal, remasses. The upple and symple and symple and symple and scultation of ASCULAR: The were not to the were not to the term of the term	ICE: Well developed skin reveals no sere anicteric and round, and react oral mucosa, however,	loped, well rashes, uld conjunctitive to light ard and so derness, or hal contour aled normal bowdias noted. Was apprehal. There wor edema.	nourished, cerations or vae were pit. External ir oft palate, to masses we without any al breath sound rhythm well sounds. The No ascites was no tender to the counds.	nk and moist. Ex respection of the engue and poster re felt. kyphoscoliosis. unds without any rithout any murm he liver edge way was noted. e neck or axillae erness or effusio	traocular mo ears and nos for pharynx w rubs. urs, gallops, s nontender.	vements were intact e showed no scars, vere normal. rubs. No CV Edema. The spleen was not uscle strength and tellar deep tendon
DX:							
Treatmen	it & RX:						
F/U PCP	IN	Bri	ing this fo	rm with you	J.		
Signature	 David W	eitzman, MD				Da	te