

Patient Visit Form

First Name: _____ Last: _____ Date: _____

I am only following up on the existing problems as listed below (Complete below then skip to question # 8)

- Diabetes Hypertension High cholesterol Asthma COPD Hypothyroid Hyperthyroid Depression
 Anxiety Headaches/Migraines Atrial Fibrillation Heart Failure Bronchitis Allergies Constipation
 Diverticulitis Acne Eczema Psoriasis Chronic Back Pain Rheumatoid Arthritis Osteoarthritis

Other: _____

New Problem #1

1. Briefly please state the reason for today's visit: _____

2. When did the problem 1st begin: (fill in blank) ___ day(s) ago ___ week(s) ago ___ month(s) ago ___ year(s) ago

3. How often do you have this problem: (check one) _ constantly _ daily _ weekly _ monthly _ yearly

4. What makes the problem better: _____

5. What makes the problem worse: _____

6. Since the problem started would you say the problem is getting: (check one) _ better _ worse _ staying the same

7. Do you have any thoughts on what may be causing this problem that would be helpful to the provider:

8. Please list any additional symptoms that pertain to the reason for today's visit:

General: Fever Chills Fatigue Night sweats Losing weight Decreased appetite

Eyes: Red Swollen Watery Discharge Pain Eyelashes stuck together Yellow eyes Blurry vision

Ears: Hearing loss Pain Discharge Ringing Room spinning

Nose: Clear discharge Thick discharge Congested/stuffy Bloody Decreased smell Sinus pain/pressure

Throat: Sore throat Scratchy throat Hurts to swallow Swollen throat Swollen tonsils Hoarseness

Heart: Chest pain Palpitations Difficulty breathing Leg swelling

Chest & Lungs: Cough Sputum Wheezing Shortness of breath Difficulty breathing with exertion

Stomach: Indigestion Heartburn, Nausea Vomiting Constipation Stomach pain Dark stool

Urinary: Painful urination Urge to urinate Increased frequency Night time urination Bloody urine Dribbling
 Decreased force of stream Unable to control

Muscles/Joints: Joint pain Weakness Cramping Muscle spasms Back pain

Skin: Rash Spots Scabs Discharge from skin Red skin Swollen skin Itchy skin Increased sweating

Neurology: Fainting Weakness Headache Numbness/Tingling Abnormal sensation Memory problems

Mood: Depressed Difficulty concentrating Nervous Anxious Tense Irritable Difficulty sleeping

Endocrine: Cold Hot Change in libido

Hematologic/Lymph Nodes: Enlarged glands Tender glands Easy bruising Easy bleeding

Allergy: Hives Sneezing Eyelid swelling

Other: