



### New Patient Questionnaire

\_\_\_\_\_  
Last Name: First Name: MI:

\_\_\_\_\_  
SSN: Sex: Race: Marital Status:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
City: State: Zip:

\_\_\_\_\_  
Email: Phone#:

\_\_\_\_\_  
Alt. Phone#:

\_\_\_\_\_  
Pharmacy:

\_\_\_\_\_  
Permission to Send Prescriptions Electronically? YES NO

\_\_\_\_\_  
Medications: Allergies:

\_\_\_\_\_  
#Years Smoked Cigarettes \_\_\_\_\_ #Packs/Day (at the most) \_\_\_\_\_

\_\_\_\_\_  
Still smoking? Y N Quit Year? \_\_\_\_\_

\_\_\_\_\_  
Type of Work?

\_\_\_\_\_  
Exposure to Birds/Chickens/Silica/Coal Dust/Asbestos?

\_\_\_\_\_  
Diseases in the Family?

\_\_\_\_\_  
Patient Signiture: \_\_\_\_\_ Date: \_\_\_\_\_



**REVIEW OF SYSTEMS:** Please check if you have had any of the following:

**GENERAL**

- Weight Loss
- Fevers
- Chills
- Night sweats that drench sheets
- Fatigue/ Lethargy

**HEENT**

- Nosebleeds
- Seasonal Allergies
- Hayfever
- Tonsil/Adenoid Removal
- Hoarseness
- Swollen Tongue

**NECK**

- Thyroid Disease
- Goiter
- Swollen lymph glands

**CARDIOVASCULAR**

- Chest Pain
- Congestive Heart Failure
- Irregular Beats/  
Palpitations
- Atrial Fibrillation
- Hypertension
- Heart Attack
- Fainting
- Waking up Gasping for Air
- Propping on Pillows to Breathe

**GASTROINTESTINAL**

- Heartburn/Reflux
- Difficulty swallowing
- Choking on food/drinks
- Stomach Ulcers
- Cirrhosis of Liver
- Hepatitis
- Rectal Bleeding
- Vomiting Blood

**PULMONARY/CHEST**

- Shortness of breath while walking
- Shortness of breath while showering/ getting dressed
- Shortness of breath while sitting still
- Coughing phlegm
- Coughing blood
- Pneumonia
- Blot clot in lungs
- Pulmonary Hypertension
- "Spot on the lung"
- Asthma
- Chronic Bronchitis
- Emphysema/ COPD
- Wheezing
- Lump in breast

**INFECTIOUS DISEASES**

- Exposure to TB
- Positive TB Skin Test
- HIV/ AIDS
- STD

**MUSCULOSKELETAL**

- Joint Swelling
- Joint Stiffness
- Lupus
- Rheumatoid Arthritis
- Psoriasis
- Back Pain
- Pain in Hands
- Swelling of the legs and feet

**GENITOURINARY**

- Blood in urine
- Bladder Infection
- Nephritis
- Kidney Stones
- Prostate Problems (Men Only)
- Miscarriage (Women Only)

**SLEEP**

- Snoring
- Sleep Apnea
- CPAP/BIPAP
- Difficulty sleeping
- Daytime Sleepiness

**HEME/ONCOLOGY**

- Anemia (low blood)
- Easy Bruising/Bleeding
- Cancer
- Blood clots in legs/ lungs
- Cancer

**NEUROLOGIC**

- Headaches/ Migraines
- Stroke/ TIA
- Nerve Damage
- Memory Loss
- Convulsions, Seizures

**HEALTH MAINTENANCE**

Colonoscopy Date:

Pneumonia Shot Date:

Flu Shot Date:

(Women Only)

Mammogram Date:

PAP Date: