

Social History

Tobacco _ No _ Yes _ Quit / when _____ Packs per day _____ # Years _____
Alcohol _ No _ Yes _ Quit / when _____ Drinks per wk _____ # Years _____
Recreational Drug Use _ No _ Yes _ Quit / when _____ _ Used needles Drugs used _____
Diet _ vegetarian _ lactose-free _ caffeine-free _ diabetic _ regular _ other _____
Marital Status _ Married _ Single _ Divorced _ Widow/Widower _ Occupation _____

Family History: (include age of diagnosis in affected family member)

Table with 5 columns: Condition, Father, Mother, Brother/Sister, Other/ Other Generations. Rows include Colon cancer, Colon polyp, Uterine/ovarian cancer, Stomach/small bowel cancer, Renal/ ureteral cancer, Breast cancer, Liver disease/ Hemochromatosis, Gallbladder disease, Colitis/Crohn's disease, Other.

Review of Systems (check if you have any of the following and describe further in space below)

Gastrointestinal

- _ Y _ N Heartburn/regurgitation
_ Y _ N Difficulty swallowing
_ Y _ N Painful swallowing
_ Y _ N Filling up quickly at meals
_ Y _ N Nausea or vomiting
_ Y _ N Abdominal pain
_ Y _ N Irregular bowel habits
_ Y _ N Bloating/gas
_ Y _ N Incomplete evacuation of bowels
_ Y _ N Symptoms improve with evacuation
_ Y _ N Blood in stool or on toilet paper
_ Y _ N Mucous in stool
_ Y _ N Loss of control of bowels

- _ Y _ N Intolerance to milk
_ Y _ N Intolerance to other foods
_ Y _ N Jaundice
_ Y _ N Gallstones
_ Y _ N Hepatitis A, B, C, other
_ Y _ N Cirrhosis
_ Y _ N Fluid in abdomen (ascites)
_ Y _ N Pancreatitis

Skin

- _ Y _ N Rash
_ Y _ N Itching
_ Y _ N Unusual hair loss

General

- _ Y _ N Decreased appetite
_ Y _ N Unexpected weight loss
_ Y _ N Unexpected weight gain
_ Y _ N Fatigue
_ Y _ N Fever or Chills

Eyes

- _ Y _ N Blind field of vision
_ Y _ N Cataracts

ENT

- _ Y _ N Hearing loss/ ringing
_ Y _ N Sore throat/hoarseness
_ Y _ N Sinusitis/Sinus drainage

Respiratory/Lung

- _ Y _ N Sleep apnea / CPAP mask
_ Y _ N Respiratory complications with sedation
_ Y _ N Chronic bronchitis/emphysema
_ Y _ N Difficulty breathing
_ Y _ N Persistent cough
_ Y _ N Asthma

Cardiovascular

- _ Y _ N Chest pain, pressure, angina
_ Y _ N Coronary artery disease
_ Y _ N High blood pressure
_ Y _ N Swelling in feet or legs
_ Y _ N Abnormal heart rhythm
_ Y _ N Prostate cancer/enlarged

Renal/Urinary/Kidney

- _ Y _ N Renal failure/insufficiency
_ Y _ N Electrolyte disturbances
_ Y _ N Kidney stones
_ Y _ N Difficulty with urination
_ Y _ N Urinary tract infections

Endocrine

- _ Y _ N Diabetes
_ Y _ N Thyroid disease
_ Y _ N Osteoporosis/osteopenia

Gynecology

- _ Y _ N Pregnant now?
_ Y _ N Endometriosis
_ Y _ N Heavy periods

Musculoskeletal

- _ Y _ N Joint pain/arthritis
_ Y _ N Back / neck pain
_ Y _ N Muscle aching/weakness

Neurologic

- _ Y _ N Headaches
_ Y _ N Strokes/ CVA
_ Y _ N Seizures

Psychiatric

- _ Y _ N Depression
_ Y _ N Anxiety
_ Y _ N Suicide attempt
_ Y _ N Swollen/tender lymph node

Blood / Lymph

- _ Y _ N Anemia
_ Y _ N Bruise easily
_ Y _ N Past blood transfusion

Comments _____

