

Pre-Appointment Questionnaire

Name: _____ Today's Date: _____

To help us get the most out of today's visit, please answer the following questions:

1. What is your main purpose in coming to our office today? (If you have a new complaint, indicate how long it has been present, what makes it worse or better, and what you are concerned the problem might be.)

2. Are you experiencing any of the following symptoms in relation to your main concern?

(Answer "yes" by circling the appropriate symptoms.)

Constitutional symptoms: fever, weight loss, weight gain, extreme fatigue

Eyes: double vision, sudden loss of vision, blurred vision

Ear, nose and throat: sore throat, congestion, runny nose, ear pain, ringing in ears

Cardiovascular: chest pain, heart racing sensation

Respiratory: cough, wheezing, shortness of breath

Gastrointestinal: nausea, vomiting, abdominal pain, constipation, diarrhea, blood in stools

Genitourinary: frequent urination, pain with urination, bloody urine, irregular periods, impotence

Skin: acne, rash, changing mole, sore or ulcer

Neurological: headache, weakness, numbness or tingling, falling, dizziness

Musculoskeletal: joint pain, joint swelling, muscle weakness, muscle aches

Psychiatric: depression, anxiety, suicidal thoughts

Endocrine: excessive thirst, cold or heat intolerance

Hematologic: unusual bruising or bleeding, enlarged lymph nodes

3. Do you have any other concerns? Yes (list below) No

4. Has anything new come up in your family history? Yes (list below) No

5. Have you developed any new drug allergies? Yes (list below) No

6. What do you do for exercise? _____

How long? _____ How often? _____

Note: Brisk walking for 30 minutes most days is associated with a 30% reduction in the risk of heart attacks.

7. How much tobacco do you smoke or chew per day? _____

Note: It is recommended that you stop using tobacco. We can help you quit!

8. How much alcohol do you consume per week? _____

9. How much caffeine do you consume per day? (ie., coffee, tea, chocolate, soda) _____