



**Patient Interview Form**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Age:** \_\_\_ **Gender:** \_\_\_\_\_ **Reason for Today 's visit:** \_\_\_\_\_

**Current Other Physicians:** \_\_\_\_\_

**Race:**  White/Caucasian  Black/African American  Asian  Hispanic/Latino  
 American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Mixed  
 Other  Unknown  Patient declines to provide information

**Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  Patient declines to provide information

**Preferred Language:**  English  Spanish  Korean  Other: \_\_\_\_\_

**Contact Preference:**  Telephone call  Other: \_\_\_\_\_

**Allergies:**  Patient has no known allergies  Patient has no known drug allergies  
 Aspirin  Codeine  Demerol  Fentanyl  Flagyl  
 Iodine  IV Dye  Levaquin/Cipro  Morphine  Penicillin  
 Sulfa  Versed  Latex  Eggs  Shellfish  
 Nuts  Other: \_\_\_\_\_  Manifestations/Reactions: \_\_\_\_\_

**Immunizations/When?:**  None  Hepatitis B: \_\_\_\_\_  Hepatitis A: \_\_\_\_\_  Influenza: \_\_\_\_\_  
 Pneumovax: \_\_\_\_\_  Tetanus: \_\_\_\_\_  Varicella/VZV: \_\_\_\_\_

**Current Medications:**  None

Name of Medication (Ex: Nexium )	Dosage (Ex: mg )	How often taken? (Ex: 1 pill per day )
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

**Vitamins, Herbal and Dietary Supplements:**  None

**Pharmacy Name/Address/Phone/Fax—Local and Mail Order:** \_\_\_\_\_



**Review of Systems:**

Please indicate items you are CURRENTLY experiencing or "None" if no symptoms exist:

**Gastrointestinal**  None

- Abdominal pain
- Anorectal pain/itching
- Black, tarry stools
- Bloating/gas
- Blood in stool
- Change in bowel habits
- Constipation
- Diarrhea
- Incontinence of stool
- Heartburn/reflux
- Difficulty swallowing
- Nausea
- Vomiting

**Genitourinary**  None

- Blood in urine
- Dark urine
- Enlarged prostate
- Frequent urinary infections
- Heavy menstruation
- Pain/burning with urination
- Pregnancy
- Sexually transmitted disease
- Urinary incontinence
- Frequent urination

**Integumentary/Skin**  None

- Itching
- Jaundice
- Rashes
- Suspicious lesions

**Cardiovascular**  None

- Heart murmur
- Irregular heart beat
- Hand/ankle swelling
- Rapid heart rate/palpitations
- Chest pain

**Neurological**  None

- Frequent headaches
- Memory loss/confusion
- Numbness or tingling

**Endocrine**  None

- Cold intolerance
- Excessive thirst
- Heat intolerance

**Constitutional**  None

- Chills
- Fatigue
- Fever
- Loss of appetite
- Night sweats
- Weight gain
- Weight loss

**Psychiatric**  None

- Anxiety
- Bipolar disorder
- Depression

**Ear/Nose/Mouth/Throat**  None

- Double vision
- Eye irritation
- Eye pain
- Eye redness
- Sore throat
- Hoarseness
- Mouth sores
- Nose bleeds
- Post-nasal drip
- Recurrent sinus infections

**Hematologic/Lymphatic**  None

- Anemia
- Blood transfusions
- Easy bruising
- Prolonged bleeding

**Musculoskeletal**  None

- Back pain
- Joint pain

**Respiratory**  None

- Frequent cough
- Shortness of breath
- Snoring
- Sleep apnea
- Wheezing

**Allergic/Immunologic**  None

- Allergies
- HIV exposure
- Immune deficiency

**Reviewed with:**  Patient  Parent  Guardian  Not present/telephone

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_