



ADULT HISTORY AND REIVIEW OF SYSTEMS QUESTIONNAIRE

Name: _____
DOB _____ Male Female

Date _____

Past Medical History

(any significant medical problem you have been or you are currently being treated for)

Date Diagnosed

Allergies

Past Surgical History

Date of Surgery

Complete if applicable:

Colonoscopy Date of Procedure _____ GI provider _____

Family History

Mother _____
Father _____
Siblings _____
Other _____

Drug Use _____

Tobacco Use YES NO Type _____
Packs per day _____ for _____ years Quit YES / NO

Alcohol Use YES NO
Drinks per DAY _____ WEEK _____ MONTH _____

GYNECOLOGICAL/OBSTETRICAL HISTORY

Age when you started menstruating _____ Number of Pregnancies _____
Date of last PAP _____ Number of Births _____
History of abnormal PAP's YES NO Birth Control Method _____

IMMUNIZATIONS

Flu YES NO Date: _____ Pneumonia YES NO Date: _____
Tetanus YES NO Date: _____ Shingles YES NO Date: _____

Review of Systems – Please check all that apply:

SKIN

- Rashes
- Itching
- Change in hair or nails

HEAD

- Headaches
- Head injury

EYES

- Glasses or contacts
- Change in vision
- Eye pain
- Double vision
- Flashing lights
- Glaucoma/Cataracts
- Last eye exam _____

EARS

- Change in hearing
- Ear pain
- Ear discharge
- Ringing
- Dizziness

NOSE/SINUSES

- Nose bleeds
- Nasal stuffiness
- Frequent colds

ALLERGIES

- Hives
- Swelling of lips or tongue
- Hay fever
- Asthma
- Eczema
- Sensitivity to drugs, food, pollens, or dander

URINARY

- Difficulty in urination
- Pain or burning on urination
- Frequent urination at night
- Urgent need to urinate
- Incontinence of urine
- Dribbling
- Decreased urine stream
- Blood in urine
- UTI/stones/prostate infection

MOUTH/THROAT

- Bleeding gums
- Sore tongue
- Sore throat
- Hoarseness

NECK

- Lumps
- Swollen glands
- Goiter
- Stiffness

BREAST

- Lumps
- Pain
- Nipple discharge
- BSE

RESPIRATORY/CARDIAC

- Shortness of breath
- Cough
- Production of phlegm/color
- Wheezing
- Coughing up blood
- Chest pain
- Fever
- Night sweats
- Swelling in hands/feet
- Blue finger/toes
- High blood pressure
- Skipping heart
- Heart murmur
- HX of heart medication
- Bronchitis/emphysema
- Rheumatic heart disease

PERIPHERAL/VASCULAR

- Leg cramps
- Varicose veins
- Clots in veins

MUSCULOSKELETAL

- Pain
- Swelling
- Stiffness
- Decreased joint motion
- Broken bone
- Serious sprains
- Arthritis
- Gout

GASTROINTESTINAL

- Change in appetite or weight
- Problems swallowing
- Nausea
- Heartburn
- Vomiting
- Vomiting blood
- Constipation
- Diarrhea
- Change in bowel habits
- Abdominal pain
- Excessive belching
- Excessive flatus
- Yellow color of skin (jaundice/hepatitis)
- Food intolerance
- Rectal bleeding/hemorrhoids

NEUROLOGIC

- Headaches
- Seizures
- Loss of consciousness/fainting
- Paralysis
- Weakness
- Loss of muscle size
 - Muscle spasm
- Tremor
- Involuntary movement
- Incoordination
- Numbness
- Feeling of “pins and needles/tingles”

HEMATOLOGIC

- Anemia
- Easy bruising/bleeding
- Past transfusions

ENDOCRINE

- Abnormal growth
- Increased appetite
- Increased thirst
- Increased urine production
- Thyroid trouble
- Heat/cold intolerance
- Excessive sweating
- Diabetes

PSYCHIATRIC

- Tension/Anxiety
- Memory problems
- Unusual problems
- Past treatment with Psychiatrist
- Change in mood/change in attitude towards family/friends
- Sadness/Depression

