Bon Air Internal Medicine
MARIN HEALTHCARE DISTRICT

LAST NAME, FIRST: _____

Relatives with the following conditions

Relation	Age	State of Health	Age at Death	Cause of Death	Disease		Relationship
Father					Arthritis		
Mother					Asthma		
Brothers					Cancer		
					Depression		
					Diabetes		
					Heart Disease		
Sisters					Hypertension		
					Kidney Disease		
					Other:		

Social History

	Current	Past	Frequency and Description
Tobacco use			
Alcohol use			
Drug use			
Caffeine			
Exercise			
High risk sexual behavior			
Other:			

Marital Status: □Single □ Married □ Separated □ Divorced □ Widowed □ Other
Sexual Orientation: □ Heterosexual □ Homosexual □ Bisexual □ Other:

Allergies

Substance	Reaction

Medications	**Dose**

Preventive Care

Procedure	Date	Immunization	Date
Colonoscopy		Influenza	
Eye exam		Pneumococcal	
Mammogram		Tetanus	
Pap smear			
Physical			
Prostate exam			

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Health History

PROBLEMS – please check

- ☐ Abnormal pap smear
- ☐ Aids
- ☐ Alcoholism
- ☐ Anemia
- ☐ Anorexia
- ☐ Anxiety
- ☐ Appendicitis
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding disorder
- ☐ Blurred vision
- ☐ Breast lump
- ☐ Bronchitis
- ☐ Bulimia
- ☐ Cancer
- ☐ Cataracts
- ☐ Chemical dependency
- ☐ Chicken pox
- ☐ Constipation
- ☐ COPD
- ☐ Depression
- ☐ Diabetes
- ☐ Diarrhea (chronic)
- ☐ Difficulty swallowing
- ☐ Emphysema
- ☐ Enlarged prostate
- ☐ Epilepsy
- ☐ Erectile dysfunction
- ☐ Fecal incontinence
- ☐ Glaucoma
- ☐ Goiter
- ☐ Gout
- ☐ Headache
- ☐ Hearing loss
- ☐ Heart attack
- ☐ Heart disease
- ☐ Hemorrhoids
- ☐ Hepatitis
- ☐ Hernia
- ☐ Herpes
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ HIV positive
- ☐ Hyperthyroid (high)
- ☐ Hypothyroid (low)
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Low blood pressure
- ☐ Measles
- ☐ Memory loss
- ☐ Migraines
- ☐ Mononucleosis
- ☐ Multiple sclerosis
- ☐ Mumps
- ☐ Numbness
- ☐ Pain
- ☐ Palpitations
- ☐ Pneumonia
- ☐ Polio
- ☐ PMS
- ☐ Rheumatic fever
- ☐ Scarlet fever
- ☐ Stomach ulcer
- ☐ Stroke
- ☐ Tonsillitis
- ☐ Tuberculosis
- ☐ Typhoid fever
- ☐ Urinary incontinence
- ☐ Varicose veins
- ☐ Venereal disease
- ☐ Other_____
  _____
  _____

SURGICAL / HOSPITALIZATION HISTORY

DESCRIPTION	**YEAR**	**REASON**
PREGNANCY HISTORY		
YEAR	**SEX**	**COMPLICATIONS**

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PHYSICAL EXAM

DOB:_____ ◯ **female** ◯ **male** **Date:** _____

Review of Systems (circle any problems in each category)

General symptoms: fever, chills, feeling poorly, feeling tired, recent weight gain or loss	**Respiratory:** shortness of breath, wheezing, cough, breathlessness on exertion, shortness of breath lying flat, wake up w/shortness of breath	**Endocrine:** hypoglycemic, hot flashes, muscle weakness, deepening of the voice, excessive thirst or urination
Skin: rashes, skin wound, itching, change in a mole	**Musculoskeletal:** joint aches, muscle aches, joint swelling, joint stiffness, back pain, neck pain	**Neurologic:** memory problems, seizures, dizziness, numbness, limb weakness, difficulty walking
Ears, Nose, Throat & Mouth: earache, loss of hearing, nosebleeds, nasal allergies, sore throat, hoarseness	**Gastrointestinal:** abdominal pain, vomiting, constipation, diarrhea, heartburn, black stools	**Psychiatric:** suicidal thoughts, sleep disturbances, anxiety, depression, excessive stress, panic attacks
Eyes: eye pain, red eyes, eyesight problems, discharge from eyes, dry eyes, itchy eyes	**Cardiovascular:** slow heart rate, fast heart rate, chest pain or discomfort, palpitations, pain in calf with walking, lower extremity edema	**Hematologic:** swollen glands, easy bleeding, easy bruising
Female only: pain with urination, incontinence, pelvic pain, breast lump or tenderness, vaginal discharge, abnormal vaginal bleeding	**Male only:** pain with urination, trouble starting your stream, dribbling, wake up more than two times in a night to urinate, testicle lump or pain	**Any other issues:**