Adult Medicine Specialists, PA
764 Saco Lowell Road, Easley SC 29640
Phone: (864) 855-5525 Fax: (864) 855-5440

Basic History and Physical Questionnaire

Date:_____Phone #:_____

Name:_____ SS#:_____ DOB:_____

Address:_____

Specialist:

Please list any other physicians you see for care. (Name and City)

_____ _____

_____ _____

Current Medication: Medication/Other Allergies/:

(Please include vitamins and all over the counter medications or supplements.)

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Past Medical History: Do You Have?

Adult Medicine Specialists, PA
764 Saco Lowell Road, Easley SC 29640
Phone: (864) 855-5525 Fax: (864) 855-5440

(When appropriate include approximate year.)

Diabetes_____ Heart Disease_____If so, have you had a heart attack? _____

Have you had a heart catherization?_____ Heart rhythm problem? _____

High Blood Pressure_____ Heart Failure_____
Arthritis_____

Immune Disorder (lupus, scleroderma, etc.)_____
Stroke_____

Cancer_____ Leukemia_____ Thyroid Disease_____

Stomach Ulcers_____ Hiatal Hernia_____ Thyroid Disease_____

Kidney Stones_____ Emphysema_____ Chronic Bronchitis_____

Other_____

Past Surgical History:

(Operations—Please include approximate dates)

_____ _____

_____ _____

_____ _____

Risk Factors:

Smoking (packs/day)_____

If you have quit smoking include when you stopped and how many years smoked_____

Alcohol use (drinks/day)_____Drug use_____

Caffeine (drinks/day)_____Exercise (times/week)_____

Hish Risk Behavior (ex. Promiscuity)_____

Family History:

(Include things like heart disease, diabetes, high blood pressure, and cancer. Also, indicate age at death if indicated and cause of death.)
Father:_____

Mother:_____

Brothers:#_____ _____

Sisters:#_____ _____

Social History:

Marital Status:_____ Education:_____

Place of Residence:_____

Able to care for self:_____Occupation:_____

Children (# and ages):_____

Health problems of children:_____

_____

Recent Travel:_____

Review of Systems:

(Please check off beside any recent problems in these areas)

Skin:

_____rashes _____lumps _____sores _____lesions _____color change

Family History
of:_____

Adult Medicine Specialists, PA
764 Saco Lowell Road, Easley SC 29640
Phone: (864) 855-5525 Fax: (864) 855-5440

Head, Eyes, Ears, Nose, Throat:

_____headache _____migraines _____visual disturbances _____eye pain

_____ringing in ears _____ear pain _____nasal congestion

_____nosebleeds _____frequent colds _____dental problems

_____hoarsness _____sore throat _____runny nose _____sinus trouble

_____other_____

Family History
of:_____

Neck:

_____lumps _____swollen glands _____pain _____stiffness

Family History
of:_____

Respiratory:

_____coughing _____wheezing _____shortness of breath with vigorous exercise

_____coughing up blood _____excessive phlegm production

Family History
of:_____

Breasts:

_____nipple discharge _____lumps _____tenderness

Family History
of:_____

Adult Medicine Specialists, PA
764 Saco Lowell Road, Easley SC 29640
Phone: (864) 855-5525 Fax: (864) 855-5440

Cardiac:

_____chest pain ____heart fluttering ____sit on side of the bed at night to catch breath

_____inability to sleep flat _____chest pain with exercise

Family History of:_____

Extremities:

_____leg swelling _____leg cramps, pain in legs with exercise

_____vericose veins _____blood clots in legs

Family History of:_____

Stomach:

_____difficulty swallowing _____reflux _____sour taste in mouth _____diarrhea

_____constipation _____rectal bleeding _____blood in stool _____hemorrhoids

Family History of:_____

Urinary:

_____blood in urine _____frequency _____urgency _____burning on urination

_____menstrual irregularity _____vaginal discharge/frequency

_____sexual/erectile problems _____frequent urinary infections

_____last monthly period_____ _____menopause_____

Family History of:_____

Adult Medicine Specialists, PA
764 Saco Lowell Road, Easley SC 29640
Phone: (864) 855-5525 Fax: (864) 855-5440

Blood Disorders:

_____easy or excessive bruising _____history of blood transfusions _____anemia

_____bleeding disorders

Family History of:_____

Immunity/Infection:

_____swollen glands _____chills _____sweats _____fevers _____HIV high risk behaviors

_____history of pelvic inflammatory disease

Family History of:_____

Endocrine:

_____frequent urination _____frequent thirst _____excessive hunger

_____significant weight (lbs) change in past few months:_____

_____heat or cold intolerance

Family History of:_____

Neurological:

_____passing out spells _____seizures _____paralysis _____numbness

_____headaches _____swimmy head _____lightheadedness _____memory loss

Family History of:_____

Musculoskeletal:

_____joint swelling _____joint stiffness _____joint pain

Family History of:_____

Psychiatric:

_____depression _____anxiety _____unusual stress _____difficulty sleeping

Family History of:_____

Obstetric History:

pregnancies_____ # live births_____

miscarriages_____ # abortions_____

Complications in pregnancy_____

_____

Preventive Care Review:

(Approximate date)

Physical Examination_____ Tetanus Vaccine_____ Flu Shot_____

Pneumovax (pneumonia vaccine)_____ Hepatitis B (vaccine)_____

Adult Medicine Specialists, PA
764 Saco Lowell Road, Easley SC 29640
Phone: (864) 855-5525 Fax: (864) 855-5440

Prostate Screen_____ Hemoccult Screen (Blood in stool)_____

Flexible Sigmoidoscopy (Scope in rectum)_____

Colonoscopy:_____
EGD:_____

Mammogram_____ Pap Smear_____ Cholesterol Check_____
Dental Visit_____

Last TB Test_____ Was is positive? _____

MMR_____

Eye exam_____

COVID 19 VACCINE:_____

4-2021