

ADVENTHEALTH MEDICAL GROUP PULMONOLOGY AT SHAWNEE MISSION

Your name: _____

Date of birth: _____

Present age: _____

Primary care physician: _____

Primary local pharmacy: _____

Reason for which you are seeing one of our physicians: _____

MEDICAL HISTORY

Please list all medical conditions for which you have seen a physician, been hospitalized, undergone surgery, or taken medication (Continue on back if additional space is needed)

MEDICAL CONDITION/HOSPITALIZATION/SURGERY	DATE

IMMUNIZATIONS

Please list the dates of your most recent immunizations

TYPE	DATE
Pneumovax (Pneumonia shot)	
Prevnar 13	
Influenza (Flu shot)	
Tuberculosis skin test and result (PPD)	
BCG (tuberculosis vaccine)	
Alpha Blood test and results	

ALLERGIES

Please list all allergic or adverse reactions to medications

MEDICATION	TYPE OF REACTION

Name: _____

Please check any of the following conditions that apply

General:

- Fevers
- Chills
- Night sweats
- Weight loss
- Weight gain
- Other _____

Eyes:

- Corrective lenses
- Cataracts
- Glaucoma
- Other _____

Ears, Nose & Throat:

- Sinusitis
- Post-nasal drip
- Nose bleeds
- Dentures
- Difficulty hearing
- Other _____

Cardiovascular:

- High blood pressure
- Chest pain
- Heart attack
- Congestive heart failure
- Heart murmur
- Heart valve replacement
- Irregular heart beat
- Blood clots
- Swelling of feet/legs
- Other _____

Respiratory:

- Asthma
- Emphysema
- Cough
- Pneumonia
- Recent respiratory infection
- Shortness of breath
- Wheezing
- Oxygen use
- Positive TB skin test
- Coughing up blood
- Abnormal chest X-ray
- Other _____

Gastrointestinal:

- Heartburn
- Acidic taste in mouth
- Frequent belching
- Difficulty swallowing
- Nausea
- Change in bowel habits
- Other _____

Genitourinary:

- Urinary leakage
- Blood in urine
- Previous pregnancies # _____
- Difficulty urinating
- Other _____

Musculoskeletal:

- Arthritis
- Joint replacement
- Osteoporosis
- Other _____

Skin/Breasts:

- Changes in skin
- Tattoos
- Abnormal mammogram
- Changes in breasts
- Other _____

Neurologic

- Stroke
- Seizures
- Other _____

Psychiatric

- Depression
- Anxiety
- Other _____

Endocrine:

- History of steroid use
- Diabetes
- Thyroid disease
- Other _____

Hematologic:

- Easy bruising or bleeding
- Anemia
- Enlarged lymph nodes
- Previous blood transfusion
- Other _____

Immunologic:

- Seasonal allergies
- Other _____

Sleep:

- Excessive sleepiness
- Loud snoring
- Stop breathing during sleep
- Dry mouth upon awakening
- Insomnia
- Other _____