

Patient Name: _____

MRN: _____

Patient / Caregiver Unable to Provide History

CHIEF COMPLAINT:

HPI: (location / quality / severity / duration / timing / context / modifying factors)

ALLERGIES: No Known Allergy

REVIEW OF SYMPTOMS/COMPLAINTS:

Yes No

Constitutional:

- Fatigue
- Fever
- Chills
- Night Sweats
- Marked Weight Change
- Loss of Appetite

OTHER: - - - - -

Eyes:

- Double or Blurred Vision
- Excessive Tearing
- Dry Eyes
- Sensitivity to Light
- Eye Pain

OTHER: - - - - -

Ears/Nose/Mouth/Throat

- Hearing Loss
- Ear Pain
- Post Nasal Drip
- Loss of Taste
- Loss of Smell
- Nose Bleeds
- Dental Problems
- Bleeding Gums
- Sore Throat
- Hoarseness
- Difficulty clearing ears
- Painful/Swollen Lymph Glands

OTHER: - - - - -

Yes No

Respiratory

- Cough
- Spitting up Blood
- Shortness of Breath
- Wheezing
- Oxygen Use

OTHER: - - - - -

Cardiovascular (Central/ Peripheral)

- Chest Pain
- Heart Palpitations
- Heavy Sweating
- Difficulty Breathing on Exertion
- Swelling in legs
- Leg Pain when Walking
- Difficulty breathing when lying down

OTHER: - - - - -

Gastrointestinal

- Bowel Incontinence
- Change in Bowel Habits
- Abdominal Pain
- Difficulty Swallowing
- Indigestion
- Yellow Skin
- Nausea/Vomiting/Diarrhea
- Blood in Stools
- Constipation
- Loss of Appetite
- Hemorrhoids
- Acid Reflux

OTHER: - - - - -

Yes No

Genitourinary

- Decreased Force of Stream
- Painful Urination
- Frequency
- Blood in Urine
- Urgency
- Incontinence

OTHER: _____

Musculoskeletal

- Backache
- Muscle Pain
- Muscle Wasting
- Muscle Weakness
- Joint Swelling
- Contractures

OTHER: _____

Integumentary

- Change in Hair, Skin, Nails
- Skin Dryness
- Skin Lumps/Lesions
- Itching
- Skin Rash
- Sun Sensitivity
- Hair Loss
- Callus/Corns
- Prone to Skin Tears

OTHER: _____

Neurologic

- Abnormal Gait
- Room Spinning/Dizziness
- Numbness/Loss of Sensation (Feet)
- Tingling
- Tremors
- Weakness
- Headaches
- Paralysis
- Fainting

OTHER: _____

FAMILY HISTORY:

- Cancer _____ Diabetes _____
- Heart Disease _____
- Hereditary Spherocytosis _____
- Hypertension _____ Kidney Disease _____
- Lung Disease _____ Mental Illness _____
- Stroke _____ Thyroid Problems _____
- Seizures _____ Tuberculosis _____
- Other: _____

Yes No
Psychiatric

- Anxiety
- Claustrophobia
- Sleep Problems
- Suicidal
- Memory Loss
- Nervous / Tension

OTHER: _____

Endocrine

- Cold Intolerance
- Heat Intolerance
- Excessive Thirst
- Excessive Hunger
- Excessive Urination

OTHER: _____

Hematologic / Lymphatic

- Bruise Easily
- Bleeding Tendency
- Swollen/Painful Glands

OTHER: _____

Allergic / Immunologic

- Hives
- Rhinitis
- Hay Fever

OTHER: _____

NOTES:

ADVANCE DIRECTIVE AND INSTRUCTIONS:

- Advance Directive: _____
 - Advance Directive Materials Provided
 - DO NOT RESUSCITATE
 - Living Will
 - Copy of Living Will Provided to Facility
 - Durable Power of Attorney for Healthcare
-

MG / Maternal Grandparents	PG / Paternal Grandparents
M - Mother	F - Father
	S - Siblings

SOCIAL HISTORY:

- Smoking Status: Never Smoked Former Smoker
- Smoke every day Smoke some days Unknown
- Marital Status _____ Occupation _____
- Children _____ Alcohol Use _____
- Tobacco Use _____ Caffeine Use _____
- Substance Abuse Illicit Drug Use
- Cultural, Religious, or Language Concerns
- Unable to Care for Self _____
- Financial Concerns _____

- Suspected Abuse or Neglect
- Support Systems Lacking
- Food, Clothing, or Shelter Needs
- Transport Concerns Object to Blood Products
- Noted misuse of patient's money, food, clothing, housing and / or denial of medical care?

NOTES: _____

PAST MEDICAL & SURGICAL HX:

MEDICAL HISTORY

CONSTITUTIONAL:

- Influenza Vaccine Current Pneumonia Vaccine
- Tetanus Toxoid Vaccine Current Cachexia
- Malignant Hyperthermia Sleep Apnea
- Malnourished Morbid Obesity
- Other: _____

EYES:

- Cataracts Glaucoma
- Optic Neuritis Retinopathy
- Other: _____

EARS/NOSE/MOUTH/THROAT:

- Barotrauma Sinusitis
- Tinnitus Pharyngitis
- Dysphagia
- Other: _____

RESPIRATORY:

- Abnormal Chest X-Ray Aspiration
- Acute Respiratory Distress Syndrome (ARDS)
- Asthma Chronic Bronchitis
- Chronic Obstructive Pulmonary Disease (COPD)
- Emphysema Pneumonia
- Pneumothorax Positive TB Test
- Pulmonary Embolus Tuberculosis
- Upper Respiratory Infection (URI)
- Other: _____

SURGICAL HISTORY

- Myringotomy Tube Placement
- Other: _____
- _____
- _____

- Lung Transplant
- Other: _____
- _____
- _____
- _____
- _____
- _____

MEDICAL HISTORY

CARDIOVASCULAR (Central / Peripheral):

- Coronary Artery Disease (CAD)
- Deep Vein Thrombosis (DVT)
- Myocardial Infarction (MI)
- Buerger's Disease Congestive Heart Failure
- Vasculitis Venous Insufficiency
- Hyperlipidemia Hypertension
- Mitral Valve Prolapse Murmur
- Peripheral Vascular Disease Phlebitis
- Rheumatic Fever Arrhythmia
- Sternal Wound Infection Varicose Veins
- Venous Disease Angina
- Other: _____

GASTROINTESTINAL (GI):

- Diverticuliti Crohn's Disease Cirrhosis
- Eating Disorder Gastric Ulcers GI Bleed
- Gastro Esop. Reflux Disease (GERD) Hepatitis
- Peptic Ulcer Disease (PUD) Hemorrhoids
- Hiatal Hernia Pancreatitis Colon Cancer
- Ulcerative Colitis Radiation Proctitis
- Other: _____

GENITOURINARY (GU):

- Benign Prostate Hyperplasia (BPH)
- Dialysis End Stage Renal Disease
- Hemodialysis Kidney Disease
- Kidney Stones Peritoneal Dialysis
- Prostatitis
- Prostate Cancer Undescended Testicle
- Radiation Cystitis Urinary Tract Infection
- Other: _____

MUSCULOSKELETAL:

- Arthritis Gout Hip Fracture
- Osteoarthritis Osteomyelitis
- Osteoporosis Other Fracture
- Other: _____

SURGICAL HISTORY

- Coronary Artery Bypass Graft (CABG)
- Greenfield Filter Heart Transplant
- Left Ventricular Assist Device (LVAD)
- Linton Procedure Open Heart Surgery
- Pacemaker/Defibrillator Stent Placement
- Peripheral Bypass Surgery Vein Stripping
- Subfascial endoscopic perforator surgery
- Valve Replacement
- Other: _____

- Colectomy Colostomy
- Ileostomy Fistula Site
- Cholecystectomy
- Other: _____

- Previous OB/GYN Surgery
- Other: _____

- Amputation Back Surgery
- Implanted Surgical Hardware Joint Replacement
- Tendon/Ligament Surgery Foot Surgery
- Other: _____

MEDICAL HISTORY

SURGICAL HISTORY

INTEGUMENTARY (HAIR/SKIN/NAILS):

- Malignancy
- Scleroderma
- Alopecia
- Other: _____
- Onychomycosis
- Fungal Infection

NEUROLOGICAL:

- Amyotrophic lateral sclerosis (ALS)
- CNS Trauma Injury
- Hemorrhagic Stroke
- Transient Ischemic Attack (TIA)
- Epilepsy
- Neuropathy
- Other: _____
- Aphasia
- Head Injury / LOC
- Multiple Sclerosis
- Stroke
- Receptive Aphasia

PSYCHIATRIC:

- Alzheimer's
- Psychosis
- Other: _____
- Dementia
- Under Psychiatric Care

ENDOCRINE:

- Adrenal Disease
- Gestational Diabetes
- Type 1 Diabetes
- Other: _____
- Cortisone Treatment
- Thyroid Disease
- Type II Diabetes

HEMATOLOGIC/LYMPHATIC:

- Anemia
- Lipidemia
- Lymphedema
- Other: _____
- Anticoagulant Therapy
- Lymphadenopathy
- Sickle Cell Anemia

ALLERGIC/IMMUNOLOGIC:

- AIDS
- HIV Positive
- Lupus
- Raynaud's Disease
- Polyarteritis
- Other: _____
- Epidermolysis Bullosa
- Immune Deficiency
- Pyoderma Gangrenosum
- Rheumatoid Arthritis

Nurse: _____

Physician: _____

Date: _____