

**WOODWARD & ASSOCIATES, P.C.**

**Patient Information**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Marital Status: Married Single Divorced Widowed Separated

Spouse's name: \_\_\_\_\_ Spouse's Birth Date: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

Number of children and their ages: \_\_\_\_\_

Medications you are taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

Method of Birth Control: \_\_\_\_\_ **Do you do self breast exams?** YES NO **Hysterectomy?** YES NO

Date of last Mammography? \_\_\_\_\_ Date of last menstrual period? \_\_\_\_\_

**Reason you are here today:**

**Family History:** (Please circle appropriate response)

High Blood Pressure: Yes/No Osteoporosis: Yes/No Breast Cancer: Yes/No Stroke: Yes/No

Heart Disease: Yes/No Depression: Yes/No Ovarian Cancer: Yes/No

Diabetes: Yes/No Glaucoma: Yes/No Colon Cancer: Yes/No

**Review of Systems:** (Please **v** if you have any of the following problems)

**Constitutional**

Fever

Weight Loss

**Ears/Nose/Mouth**

Pain

Mass

Hearing Loss

Other \_\_\_\_\_

**Cardiovascular**

Chest Pain

Short of Breath

Palpitations

High Blood Pressure

Other \_\_\_\_\_

**Kidney/Bladder**

Urgency/Frequency

Must wear a pad

Loss of urine w/cough

Frequency at night

Other \_\_\_\_\_

**Respiratory**

Asthma

Chronic cough

Bronchitis

Other \_\_\_\_\_

**GI**

Bowel changes

Diarrhea

Constipation

Other \_\_\_\_\_

**Hematological**

Anemia

Blood Disease

Other \_\_\_\_\_

**Musculoskeletal**

Joint pain

Weakness

Swelling

Other \_\_\_\_\_

**Emotional**

Depression

PMS

**Neurological**

Weakness

Dizziness

Headache

Numbness

Other \_\_\_\_\_

**Skin**

Tumor

Rash

Masses

Other \_\_\_\_\_

**Social History**

Drugs

Alcohol

Tobacco

Ever received a blood transfusion? **Y/N**

Are you know to be HIV positive? **Y/N**

**Endocrine**

Thyroid

Diabetes

**How did you hear about our practice? (please circle)**

Advertisement Friend or family member Insurance company Other \_\_\_\_\_