



**Patel Pulmonary, PA**  
119 US Highway 27 North  
Sebring, FL 33872  
Office: 863-382-0009 Fax: 863-314-0008

Patient's Name (Please Print): \_\_\_\_\_ Date \_\_\_\_\_

**Allergies:** Please list all your allergies for review: [ ] None

## Review of Symptoms

In order to help us keep your electronic medical record up to date, please check mark if you have experienced and of the symptoms listed below since your last appointment.

*This form is FRONT and BACK*

### General

- Fatigue
- Fever chills
- Night sweats
- Unexpected weight gain
- Unexpected weight loss
- Exercise: \_\_\_\_\_

### Eyes

- blindness
- discharge
- double vision
- dryness
- eye pain
- blurring vision
- itchy eyes
- redness
- watery eyes

### Ears/Nose/Throat

- allergies
- dizziness
- ear drainage
- wears hearing aids
- hearing loss
- hoarseness
- mouth sores
- nasal discharge
- nose bleeds
- post nasal drip
- sore throat
- trouble swallowing
- teeth problems
- ringing in ears

### Heart

- chest pain or pressure
- palpitations
- leg swelling
- \_\_\_\_\_ # of pillows to sleep

### Lungs

- cough
- sputum
- coughing up blood
- oxygen dependent
- shortness of breath
- rapid heart rate
- Uses inhaler
- Used nebulizer

### Gastro

- abdominal pain
- blood in stool
- constipation
- diarrhea
- food intolerance
- increased belching
- increased flatus
- indigestion
- yellow skin
- black stool
- nausea/vomiting
- vomiting blood

### Urinary

- painful urination
- frequency in urination
- blood in urine
- hot flashes
- waking up at night to urinate
- pelvic pain
- vaginal discharge
- vaginal itching

### Musculoskeletal

- back pain
- cramps
- joint pain
- muscle pain
- neck pain
- stiffness
- weakness

### Skin

- dryness
- itching
- lumps
- skin cancer
- skin rashes

### Neurological

- gait disturbance
- head trauma
- headache
- local weakness
- tingling/burning
- seizure activity
- speech difficulty
- tremors

### Psychiatric

- changes in sleep patterns
- moodiness
- obsessive thoughts
- panic attacks
- disturbing thoughts/feelings
- suicidal thoughts or Attempts

### Endocrine

- excessive sweating
- excessive thirst
- hot/cold intolerance
- excessive eating

\*\*\*\*\*please turn over, there is a back page\*\*\*\*\*

**Hematologic**

- abnormal bleeding
- bruising
- past transfusions

**Lymphatic**

- swelling of lymph glands

**Allergies**

- anaphylactic reactions
- skin welts
- environmental allergies
- rashes
- seasonal allergies
- sneezing
- hives

**Sleep Apnea**

- daytime sleepiness
- unrefreshed sleep
- snoring
- naps during the day
- difficulty concentrating
- stops breathing when sleeps
- memory loss
- wakes up choking/gasping for air
- wakes up to urinate
- currently on CPAP/BiPAP

**Did you bring your list of medications with you to today's visit? Yes (see attached list) or No**

*We ask that you please bring a list of current medications with mg strength and dosing to every visit.*

**If no, why?** \_\_\_\_\_

Any new medications: \_\_\_\_\_

\_\_\_\_\_

**Please list any new medical concerns/conditions (including surgeries) since your last visit:**

\_\_\_\_\_

\_\_\_\_\_

**Please list any hospitalizations/emergency room visits since your last visit:**

\_\_\_\_\_

\_\_\_\_\_

**What other doctors do you see:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you had any of the following since your last visit?**

- |                  |                  |                   |                |               |
|------------------|------------------|-------------------|----------------|---------------|
| ___mammogram     | ___pap smear     | ___bone density   | ___colonoscopy | ___endoscopy  |
| Month/Year___    | Month/Year___    | Month/Year___     | Month/Year___  | Month/Year___ |
| ___ Bronchoscopy | ___Thoracentesis | ___lung surgeries |                |               |

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ version 7/2019

**Reviewed by provider: Deepak Patel, MD      Crystal Brown, ARNP      Marie R Toussaint, MD**