

**Millbrook Internal Medicine**  
**New Patient Questionnaire**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Current health complaints:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Medical Problems/Prior Surgeries and Hospitalizations:**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**Names of Physicians:**

Last Primary Care: \_\_\_\_\_ Ob/Gyn: \_\_\_\_\_  
Specialists: \_\_\_\_\_

**Screening Tests:**

Last Colonoscopy (approximate date): \_\_\_\_\_

Last Stress Test (approximate date): \_\_\_\_\_

Women: Last Mammogram (approximate date): \_\_\_\_\_

Women: Last Pelvic Exam/PAP (approximate date): \_\_\_\_\_

Women: Last Bone density (approximate date): \_\_\_\_\_

Men: Last Prostate Exam (approximate date): \_\_\_\_\_

**Medications:**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

**Allergies to Medications:** \_\_\_\_\_

**Family Medical History:**

\*list medical conditions, ages and causes of any deaths.

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Sister(s): \_\_\_\_\_

Brother(s): \_\_\_\_\_

**Social History:** Circle the appropriate answers that describes you best:

<b>Single</b>	<b>Married</b>	<b>Divorced</b>	<b>Widowed</b>	<b>Gay</b>
<b>Physically Inactive</b>	<b>Regularly exercise</b>	<b>Rarely exercise</b>	<b>Non Smoker</b>	<b>Smoker</b>
<b>Former Smoker</b>	<b>Chew tobacco</b>	<b>Drink alcohol regularly</b>	<b>Drink socially</b>	<b>Do not drink alcohol</b>
<b>History of substance abuse</b>	<b>Currently abuse drugs</b>	<b>Currently employed</b>	<b>Un-Employed</b>	<b>Retired</b>

If you smoke, or previously smoked, how many packs of cigarettes a day? \_\_\_\_\_ and for how many years? \_\_\_\_\_

If you drink alcohol, what do you drink and how much daily? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

**Review of Systems:** Circle any complaints that you currently have.

**General**

<b>fatigue</b>	<b>fever</b>	<b>chills</b>	<b>night sweats</b>	<b>weight gain</b>	<b>weight loss</b>
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**Skin**

<b>dryness</b>	<b>sweating</b>	<b>hair loss</b>	<b>nail changes</b>	<b>new moles</b>
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itching	rash	easy bruising	skin color changes	acne
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### Head/Eyes/Ears/Nose/Throat

headache	double vision	visual loss	hearing loss	ringing in ears
hoarse-ness	sore throat	cold sores	sinus or nose congestion	nosebleeds

### Neck

neck swelling or lumps	swollen glands	stiffness or soreness
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### Respiratory

chronic cough	new cough	shortness of breath	snoring	coughing up blood	wheezing
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### Breasts

breast masses or lumps	breast pain	nipple discharge
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### Cardiovascular

chest pain	irregular or rapid heart beats	leg pain when walking
shortness of breath with exertion	shortness of breath when lying down	leg swelling

### Gastrointestinal

abdominal pain	nausea	vomiting	heartburn
difficulty swallowing	vomiting blood	diarrhea	constipation
black stools	rectal bleeding	change in bowel habits	incontinence

**Genital-Urinary**

<b>missed, heavy, or irregular periods</b>	<b>urinary frequency</b>	<b>difficulty urinating</b>	<b>urinary urgency</b>	<b>pain when urinating</b>
<b>incontinence</b>	<b>blood in urine</b>	<b>vaginal discharge</b>	<b>genital sores</b>	

**Musculoskeletal**

<b>joint pain</b>	<b>joint swelling</b>	<b>joint stiffness</b>	<b>joint redness</b>
<b>weakness</b>	<b>muscle spasm or soreness</b>	<b>joint instability</b>	<b>muscle cramps</b>

**Neurologic**

<b>memory loss</b>	<b>dizziness</b>	<b>headache/migraines</b>	<b>passing out</b>
<b>weakness</b>	<b>falling</b>	<b>numbness/tingling</b>	<b>tremors</b>

**Endocrine**

<b>changes in appetite</b>	<b>heat intolerance</b>	<b>cold intolerance</b>	<b>excessive thirst</b>
<b>hair changes</b>	<b>erectile dysfunction</b>	<b>change in libido</b>	<b>hot flashes</b>

**Emotional**

<b>depressed ideas</b>	<b>panic attacks</b>	<b>anxious thoughts</b>	<b>insomnia</b>
<b>mood swings</b>	<b>poor concentration</b>	<b>suicidal thoughts</b>	<b>crying spells</b>

**Other- Please list any additional complaints.**

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**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**