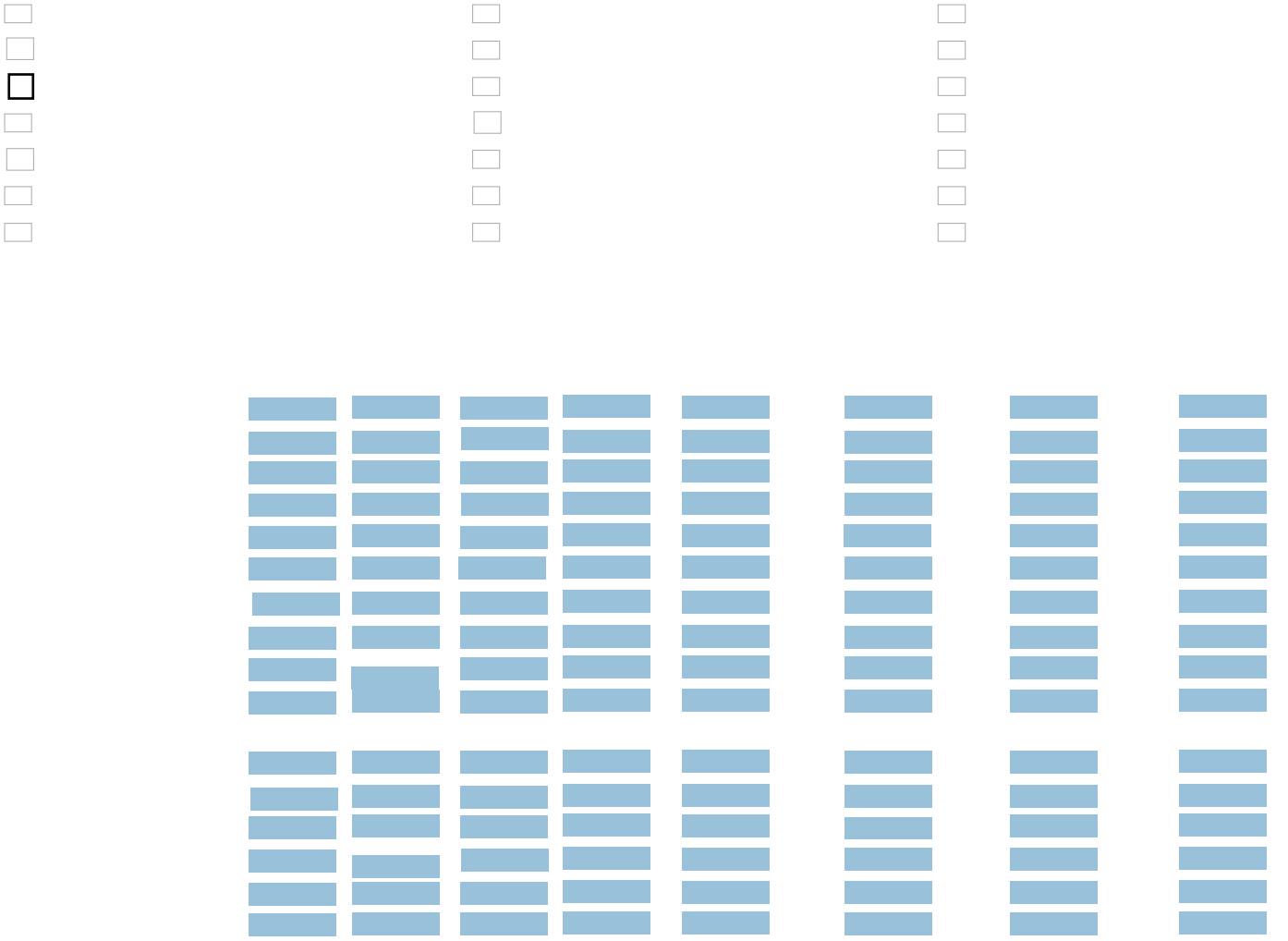

6DD -HWFH
(DEWHSS0'
5HHFD)R'
Cynthia Yew, FNP-BC
-HD *Scalzo, FNP-BC*

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5HVSRQVH

Patient's Full Name: _____ Date of Birth: _____Today's Date: _____

3HUVRQDOOHWWHUVSOHDVH

☐ Male ☐ Female Medication allergies: ☐ Yes ☐ No

3OHDVHQRWHDQ\VSHFLILF

HQHUDO	☐ fatigue ☐ fever/chills ☐ weight change
HDG	☐ headache ☐ facial pain
H	☐ trouble with vision ☐ pain ☐ redness ☐ light sensitivity
(DU1RVH7KURDW	☐ earache ☐ pressure ☐ ringing ☐ TMJ ☐ runny nose ☐ nose bleeds ☐ post nasal drip ☐ sneezing ☐ snoring ☐ sore throat ☐ itchy throat ☐ hoarseness ☐ mouth sores ☐ dryness ☐ trouble swallowing
HN	☐ swollen glands ☐ pain ☐ muscle tightness
6DQG	☐ cough ☐ wheezing ☐ shortness of breath
&DUGLRYDVFXODU	☐ chest pain ☐ palpitations ☐ irregular heart rate ☐ edema ☐ fast heart rate
*DVWURLQWHVWLQDO l	☐ abdominal pain ☐ heart burn ☐ nausea ☐ vomiting ☐ diarrhea ☐ constipation ☐ blood in stool ☐ change of bowel habits
8ULQDU\	☐ pain ☐ frequency ☐ blood in urine
6NLQ	☐ rash ☐ lesions ☐ abnormal hair loss
0XVFXORVNHOHWDO	☐ joint pain ☐ back pain ☐ muscle pain ☐ restless legs
1HXURORJLFDO l	☐ fainting ☐ numbness ☐ dizziness
3V\FKRORJLFDO l	☐ insomnia ☐ depression ☐ anxious ☐ irritable ☐ generally not having fun in life
0DOH	☐ slow urine flow ☐ low libido ☐ erectile dysfunction
)HPDOH	☐ pelvic pain ☐ PMS ☐ vaginal discharge ☐ abnormal bleeding Date of last period: _____ Date of last pap: _____ Period last _____ days Period comes every _____days # of pregnancies _____ # of births _____ Current method of birth control _____
'HPRJUDSKLFV	

Other additional comments:

_____

_____

Print Reset