Problem Visit

Center for Integrative Health · 755 Mt Vernon Hwy NE Suite 350 Atlanta, GA 30328· (404) 255-5774 Fax (404) 255-5994

Date: **Name:** **Age:** **Date of Birth:**

Last First M.I. (Preferred)

1. Reason for today's visit:_____
2. If you have symptoms, please describe:_____

_____

Date it began: _____ Date of most recent occurrence: _____ . Is it constant or periodic? _____

What makes it better?_____ What makes it worse: _____

Have you had it before? ☐ Yes ☐ No When?_____ What made it better then?_____

Describe how this problem has affected your day-to-day life. _____

3. What else has been going on that might be affecting your health? _____
4. What would you like for us to do for you today?_____
5. Date of last normal period _____ 6.What do you do to avoid unwanted pregnancy? _____
7. Do you smoke? _____ Wear seat belts 100% of the time _____ Drink alcohol on a daily basis? _____
8. List all CURRENT MEDICATIONS (including prescribed, over the counter, supplements, etc.)

Drug	Dose	Frequency	Length Taken	Refills?	Drug	Dose	Frequency	Length Taken	Refills?

9. List below any MEDICATION ALLERGIES OR SIDE EFFECTS

Drug	Reaction

10. Your Signature _____ ☐ Check here if reverse of page is used for additional medication/side effects/information.

OFFICE USE ONLY Forms Reviewed: ☐ Health Info Sheet ☐ H+P ☐ WW/M ☐ Labs ☐ Consultant Notes ☐ PSF ☐ Records

Wt._____ Ht. _____ T. _____ BP (R) _____ (L) _____ HR _____ RR_____ Circle all areas examined. Comment on Variant findings only.

Skin
No Lesions
No Rashes

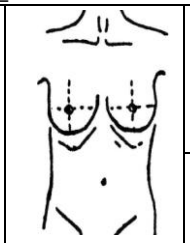
Nodes
Neck
Axilla

Neuro
Cn II-XII
Fundi/EOM/Pup
Strength
Reflexes
Gait/Balance/Tr
Mental Status

HEENT
Ears
Oral Pharynx
Nares
Sinuses
Thyroid
Ext Eye

Cardiovascular
Rhythm
Auscultation
Neck Veins
Pulses/ Bruits
C / F / DP / DT
No Edema
No Murmur

Breasts
No Tenderness
No Masses
No Adenopathy
No Skin Changes
Nipples normal
No Scars



Abdomen
No CVAT
No Masses
Liver/ Spleen
No Tenderness
No Scars

Musculoskeletal
Back
Joints

Genitalia
Perineum
CX
UTX ANTE RET
ADNX R L
RV

Penis/Testes
Rectum/ Prostate
No Hernia

Studies – IN OFFICE							Studies – Out ☐ Fasting _____ hr. P.P.
UA	H'cult x 1	Gluc	Strep		Urine Preg	Other:	CBC _____ SMA _____ PAP _____ Culture: Urine _____ Chol Tot _____ HDL _____ LDL_____ Throat_____ T-4 _____ H'cult x 3 _____ Tgly_____
Nebulizer __ _____ EKG_____ Vaccine _____					Other: _____ Beck A_____ Zung D_____		Sed _____ TSH _____ PSA _____ AIC _____Micral_____ Other

Assessment/Plan

☐ Benefits/ Risks/ Alterations reviewed and patient voiced understanding/ agreement REFER: ☐ Mammogram ☐ Bone Denisty ☐ Colonoscopy Other:

Education: BP monitoring ☐ Smoking Cessation < 3m ☐ >10m
Follow up: If not improved in _____ days
Recheck _____ d/ wk/ mo with _____ for_____

Signature:

Dwana M Bush M.D.

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