

## ENDOCRINOLOGY NEW PATIENT HEALTH HISTORY INFORMATION

**Today's Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ACCT #:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_  
Last
First

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM
DD
YYYY

☐ **Male** ☐ **Female**

**Instructions: Place an X next to all that apply ONLY if you have symptoms at present.**

### General/ Constitutional

- \_\_\_\_ Energy Poor
- \_\_\_\_ Appetite Poor
- \_\_\_\_ Fever, Chills, or Night Sweats
- \_\_\_\_ Weight Change
- \_\_\_\_ Heat or Cold Intolerance

### HEENT/Neck

- \_\_\_\_ Eyesight Worsening
- \_\_\_\_ Blurred Vision
- \_\_\_\_ Double Vision
- \_\_\_\_ Eye Pain
- \_\_\_\_ Other Visual Symptoms
- \_\_\_\_ Deterioration in Hearing
- \_\_\_\_ Buzzing in Ears
- \_\_\_\_ Nose and Sinus Discharge
- \_\_\_\_ Painful or Tender Sinuses
- \_\_\_\_ Frequent Congestion
- \_\_\_\_ Frequent Nosebleeds
- \_\_\_\_ Neck Pain
- \_\_\_\_ Neck Lumps or Swelling
- \_\_\_\_ Neck Stiffness
- \_\_\_\_ Sore Throat
- \_\_\_\_ Hoarse Voice
- \_\_\_\_ Enlarged Lymph Nodes
- \_\_\_\_ Dental Problems
- \_\_\_\_ Easy Bleeding of Gums

### Respiratory

- \_\_\_\_ Cough
- \_\_\_\_ Wheezing
- \_\_\_\_ Excessive Sputum
- \_\_\_\_ Shortness of Breath
- \_\_\_\_ Blood in Sputum
- \_\_\_\_ Loud Snoring or Problems Breathing While Sleeping
- \_\_\_\_ Excessively Tired During the Day
- \_\_\_\_ Sleep Apnea

### Cardiovascular

- \_\_\_\_ Feeling Lightheadedness
- \_\_\_\_ Rapid Heartbeat
- \_\_\_\_ Passing Out Episodes
- \_\_\_\_ Chest Pain
- \_\_\_\_ Claudication
- \_\_\_\_ Palpitations
- \_\_\_\_ Shortness of Breath on Exertion
- \_\_\_\_ Swelling of the Ankles

### Gastrointestinal

- \_\_\_\_ Abdominal Pain
- \_\_\_\_ Change in Stool
- \_\_\_\_ Constipation
- \_\_\_\_ Diarrhea
- \_\_\_\_ Difficulty in Swallowing
- \_\_\_\_ Pain on Swallowing
- \_\_\_\_ Heart Burn
- \_\_\_\_ Nausea
- \_\_\_\_ Vomiting
- \_\_\_\_ Blood in Stools or Other Body Secretions
- \_\_\_\_ Early Satiety

### Genitourinary

- \_\_\_\_ Dysuria or pain in urination
- \_\_\_\_ Hematuria
- \_\_\_\_ Frequency
- \_\_\_\_ Nocturia or Other Symptoms

### Musculoskeletal

- \_\_\_\_ Back Pain
- \_\_\_\_ Joint Pain
- \_\_\_\_ Generalized Muscle Aches
- \_\_\_\_ Morning Stiffness of Joints

### Neurologic

- \_\_\_\_ Dizziness
- \_\_\_\_ Frequent Headaches
- \_\_\_\_ Tingling/Numbness
- \_\_\_\_ Weakness
- \_\_\_\_ Tremors
- \_\_\_\_ Depression or Anxiety
- \_\_\_\_ Emotional Problems
- \_\_\_\_ Focal Deficits
- \_\_\_\_ Loss of Consciousness
- \_\_\_\_ Seizures
- \_\_\_\_ Weakness or Neuropathy

### Skin

- \_\_\_\_ Abnormalities of skin, nails, or hair growth
- \_\_\_\_ Skin Rash
- \_\_\_\_ Easy Bruising Bleeding from Cuts

### Male Genital

- \_\_\_\_ Difficulty Starting Urination
- \_\_\_\_ Weak Stream
- \_\_\_\_ Discharge from Penis
- \_\_\_\_ Difficulty Obtaining Erection
- \_\_\_\_ Painful Testicles
- \_\_\_\_ Swelling or Lumps on Testicles
- \_\_\_\_ Prostate Trouble

### Female Genital

- \_\_\_\_ List Age Onset of Menstrual Cycle \_\_\_\_\_
- \_\_\_\_ If Menstruation Has Ceased, List Age at Which It Stopped \_\_\_\_\_
- \_\_\_\_ Menstrual Problems
- \_\_\_\_ Take Birth Control
- \_\_\_\_ Date of Last Pap/GYN Visit
- \_\_\_\_ Hormone Replacement Therapy

### Breasts [Male and Female]

- \_\_\_\_ Soreness of Breasts
- \_\_\_\_ Discharge from Breasts
- \_\_\_\_ Recent Enlargement
- \_\_\_\_ History of Breast Cancer
- \_\_\_\_ Gynecomastia

### Ankle/Foot

- \_\_\_\_ Foot/Ankle Injury or Fracture
- \_\_\_\_ Foot/Ankle Pain
- \_\_\_\_ Foot/Toe Deformity
- \_\_\_\_ Bunions/Hammer Toes

### Special Problems or Symptom

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