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PAST MEDICAL/SURGICAL/SOCIAL HISTORY
And REVIEW OF SYSTEMS

GENERAL

- Diabetes Mellitus
- High Blood Pressure
- High cholesterol
- Serious infection
- Cancer
- Type _____
- Other _____

EYES, EARS, NOSE, THROAT

- Allergies
- Frequent ear infections
- Frequent sinus infections
- Frequent strep throat
- Vision problems
- Glaucoma
- Hearing problems
- Other _____

CARDIOVASCULAR

- Coronary artery disease
- Heart attack
- Angina
- Stroke
- High blood pressure
- High cholesterol/triglycerides
- Abnormal heart rhythm
- Blocked arteries
- Where _____
- Blood clots in veins
- Congestive heart failure
- Heart valve disease
- Aneurysm
- Where _____
- Other _____

RESPIRATORY

- Asthma
- COPD/emphysema
- Sleep apnea
- Blood clots in lungs
- Other _____

ENDOCRINE

- Diabetes
- Hypothyroidism
- Hyperthyroidism
- Hyperparathyroidism
- Osteoporosis
- Other _____

SKIN

- Acne
- Psoriasis
- Eczema
- Other _____

GASTROINTESTINAL

- Colon polyps
- Irritable bowel syndrome
- Crohn's disease
- Ulcerative colitis
- Hepatitis
- Type _____
- Diverticulosis, diverticulitis
- Cirrhosis of liver
- Gallstones
- Pancreatitis
- Stomach ulcers
- Esophageal reflux/GERD

GENITOURINARY

- STD
- Endometriosis
- Prostate disease
- Kidney stones

MUSCULOSKELETAL

- Arthritis
- Type _____ rheumatoid
- _____ osteoarthritis
- _____ other
- Fibromyalgia
- Chronic back pain
- Chronic neck pain
- Osteoporosis

NEUROPSYCHIATRIC

- Stroke
- Multiple sclerosis
- Headaches
- Type _____ Migraine
- _____ Tension
- _____ Other
- Peripheral nerve disease
- Depression
- Anxiety
- Bipolar disease
- ADD/ADHA
- Down's Syndrome
- Learning disability
- Mental retardation
- Other _____

MEDICATION ALLERGIES

- Penicillin
- Cephalosporin
- Sulfa drugs
- Codeine/Hydrocodone
- IV Contrast
- Aspirin/ibuprofen
- Local anesthetic
- Other _____

ENVIRONMENTAL ALLERGIES

- Pollen
- Ragweed
- Mold
- Dust
- Animal dander
- Insect bites/stings
- Type _____
- _____ Latex
- Other _____

FOOD ALLERGIES

- Peanut
- Shellfish
- Eggs
- Wheat
- Milk
- Strawberries
- Soy
- Other _____

SURGERIES

- None
- Appendectomy
- Back
- Bladder
- Breast
- Carotid artery
- Carpal tunnel
- Colonoscopy
- Coronary/heart bypass
- Ear
- Gallbladder
- Joint
- Which _____
- Neurosurgery
- Ovary
- Prostate
- Sinus
- Stomach
- Testicle
- Tubal ligation
- Trauma related
- Vasectomy
- Other _____

FAMILY HISTORY

- Heart disease
- Diabetes
- High blood pressure
- Cancer
- Who _____
- Type _____
- Who _____
- Type _____
- _____ Stroke

SOCIAL HISTORY

Occupation _____ **Living status** (circle) Alone With: Spouse Child Parents Other _____

Diet ___ None ___ Low carb ___ Low chol ___ Low salt ___ Low calorie ___ Low fat
Exercise ___ None ___ Cardio ___ Strength training ___ Flexibility
Frequency ___ times/ ___ day ___ week ___ month
Tobacco ___ Never ___ Past ___ Active
Type ___ Cigarettes ___ Cigars ___ Pipe ___ Dip ___ Chew
Frequency _____ / ___ day ___ week

Alcohol ___ Never ___ Past ___ Active
Type ___ Beer ___ Liquor ___ Wine
Drinks ___/___ day ___ week ___ month
___ AA ___ Alcohol Rehab
Caffeine ___ Never ___ Past ___ Active
Type ___ Coffee ___ Tea ___ Soda ___ Energy Drink
Frequency ___ times/___ day ___ week

Illicit Drugs ___ Never ___ Past ___ Active
Type ___ Marijuana ___ Heroin ___ Cocaine ___ Amphetamines ___ Narcotics ___ Hallucinogens ___ Other
Frequency ___ times/___ day ___ week ___ month

REVIEW OF SYSTEMS-- HAVE YOU HAD THESE SYMPTOMS IN THE PAST 6 MONTHS?

General	RESPIRATORY	MUSCULOSKELETAL	PSYCHIATRIC
___ Fever/chills	___ Shortness of breath	___ Joint pain/pains	___ Depression
___ Fatigue	___ Asthma	___ Shoulder ___L___R	___ Anxiety
___ Loss of appetite	___ Wheezing	___ Elbow ___L___R	___ Insomnia
___ Weight loss <10 lbs	___ Dry cough	___ Hand/wrist ___L___R	___ Loss of interest
___ Weight gain >10 lbs	___ Cough with phlegm	___ Hip ___L___R	___ Suicidal thoughts
___ Muscle aches	___ Cough with blood	___ Knee ___L___R	___ Hyperactive
___ Night sweats	___ Snoring	___ Ankle/foot ___L___R	___ Attention deficit
EENT	___ Pain with breathing	___ Muscle weakness	___ Delusions
___ Eye pain	GASTROINTESTINAL	___ Muscle cramps	___ Impulsive
___ Blurred vision	___ Nausea	___ Neck pain	___ Paranoia
___ Double vision	___ Vomiting	___ Back pain	ENDOCRINE
___ Itchy eyes	___ Abdominal pain	SKIN	___ Frequently hot
___ Red eyes	___ Heartburn/indigestion	___ Rash	___ Frequently cold
___ Loss of vision	___ Abdominal bloating	___ Itching	___ Hair loss
___ Eye drainage	___ Black stools	___ Changed moles	___ Growth of abnormal hair
___ Ear pain	___ Trouble swallowing	___ Growths	___ Unusual weight change
___ Ear drainage	___ Painful swallowing	___ Dry skin	___ Excessive thirst
___ Hearing loss	___ Diarrhea	___ Sores on skin	___ Excessive Sweating
___ Ringing in ears	___ Constipation	BREAST	HEMATOLOGIC/LYMPH
___ Nasal congestion	___ Rectal bleeding	___ Breast pain	___ Excessive bleeding
___ Nasal drainage	___ Hemorrhoids	___ Breast lump	___ Excessive bruising
Color _____	GENITOURINARY	___ Nipple discharge	___ Unusual bleeding
___ Sneezing	___ Painful urination	NEUROLOGIC	___ Unusual bruising
___ Sore throat	___ Frequent urination	___ Headaches	___ Lymph node swelling
___ Hoarse voice	___ Blood in urine	___ Dizziness	___ Lymph node pain
___ Painful swallowing	___ Difficulty urination	___ Lightheadedness	___ Swelling of extremity
___ Tooth pain	___ Urinating during night	___ Fainting/blackouts	CURRENT MEDICATION
___ Neck swelling	___ Loss of bladder control	___ Loss of balance	_____
CARDIAC	___ Decreased sex drive	___ Tremors	_____
___ Chest pain/pressure	___ Pain with sex	___ Weakness	_____
___ Irregular heart beat	___ History of STD	___ Numbness	_____
___ Racing heart beat	Male	___ Memory loss	_____
___ Shortness of breath	___ Testicle pain/lump	___ Speech difficulty	_____
___ Swelling of feet/legs	___ Erectile dysfunction	___ Seizures	_____
___ Calf pain/cramps	Female	___ Insomnia	_____
___ Varicose veins	___ Heavy/irregular periods		_____
	___ Vaginal discharge		_____