

Coquelet and Pungler Family Medicine, P.A.

SYSTEMS/ILLNESSES: (Circle all that apply)

Patient Name _____

Wt. loss	Fever	Dry Mouth	Excessive Thirst	
Gout	Fractures	Recurrent Falls	Chest Pain/Pressure/Tightness	
Shortness of Breath	Asthma/Emphysema	Cough	Stroke	Dizziness
Weakness	Tingling/Numbness	Blurry Vision	Cataracts	Pneumonia
High Cholesterol	Glaucoma	Sleep Problems	Trouble Hearing	Diarrhea
Difficulty Swallowing	Constipation	Kidney Stones	Blood in Stools	Black Stools
Blood in Urine	Burning while urinating		Frequent urination	
Urinating during the night		Losing urine when coughing or sneezing	Arthritis	
Cancer	Stomach Ulcer	Diabetes	High/Borderline Sugar	
Kidney Stones	Depression/Anxiety	Thyroid Problems	Abd. Pain	High B/P

LIFESTYLES:

How many partners in the past six months?

Sexual preference: Partner same sex? _____ Partner opposite sex? _____

Partner of both sexes? _____ Do you currently use contraceptives? _____ If yes, what form(s)? _____ Sexual problems? _____

HEALTH MAINTENANCE:

List the last time you had the following:

Rectal Exam _____ Pneumovax _____

Flexible Sigmoidoscopy _____ Flu Vaccine _____

Stool Cards _____ Tetanus Diphtheria Vaccine _____

Cholesterol Check _____ Hepatitis B Vaccine _____

Eye Exam _____ Women Only:

Men Only: Prostate Exam _____ Pap smear _____

Other _____ Mammogram _____

Breast Exam _____

Age Menopause _____

Do you have a Living Will? _____ Is a copy available? _____ Healthcare Surrogate _____

Pharmacy _____

Reason for your visit today? _____

_____ Phone _____

Physical abuse at home? _____

Would you like to discuss? _____