Stanford HEALTH CARE
STANFORD MEDICINE

Patient Label

Associated Internal Medicine - University Healthcare Alliance

Any referrals needed? _____
Any new medical problems among your extended family? _____
Any new vaccines since you were last seen? _____
If you have a Gynecologist, when was your last **pap smear**? _____ last **mammogram**?_____

Please list any prescriptions that need to be refilled and which pharmacy:

1. 3.
2. 4.

Do you drink caffeine? Y N If yes, how often? _____ (drinks/day)

Do you drink alcohol? Y N If yes, how often? _____ (drinks/day)

Do you use tobacco products? Y N FORMER (year quit_____) Type_____
If yes, how often? _____ (packs/day) For how long? _____(years)

Do you exercise? Y N If yes, how often? _____ (times/week)

Do you have an Advanced Healthcare Directive? Y N Unsure

Is your Advanced Healthcare Directive on file with us? Y N Unsure

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Please check problems you have, if any:

Constitutional	**Eyes**	**Gastrointestinal**	**Endo/Heme/Aller**
__Fever	__Blurred vision	__Heartburn	__Easy bruise/bleed
__Chills	__Double vision	__Nausea	__Environmental Allergies
__Weight loss	__Discomfort with bright light	__Vomiting	__Excessive amounts of urine
__Malaise/Fatigue	__Eye pain	__Abdominal pain	**Neurological**
__Sweats	__Eye discharge	__Diarrhea	__Dizziness
__Weakness	__Eye redness	__Constipation	__Tingling
Skin	**Cardiovascular**	__Blood in stool	__Tremor
__Rash	__Chest pain	__Black stool	__Sensory change
__Itching	__Palpitations	**Genitourinary**	__Speech change
HENT	__Short of breath when lying flat	__Painful urination	__Focal weakness
__Headaches	__Leg pain	__Urgency	__Seizures
__Hearing loss	__Leg swelling	__Frequency	__Loss of consciousness
__Ringing in the ears	__Wakes up due to shortness of breath	__Blood in urine	**Psychiatric**
__Ear pain	**Respiratory**	__Flank pain	__Depression
__Ear discharge	__Cough	**Musculoskeletal**	__Suicidal ideas
__Nosebleeds	__Coughing up blood	__Muscle aches	__Substance abuse
__Congestion	__Productive cough	__Neck pain	__Hallucinations
__Throat tightness	__Shortness of breath	__Back pain	__Nervous/Anxious
__Sore throat	__Wheezing	__Joint pain	__Insomnia
		__Falls	__Memory loss