Dr. Jagdish Lal M.D. **Rayconda Internal Medicine**

Name : _____ **DATE :** _____
Last Name First Name Middle Name

SS # _____ - _____ - _____ **SEX :** _____ FEMALE _____ MALE **AGE :** _____ **DOB :** ____/____/____ MM DD YEAR

CHIEF COMPLAINT : 1. _____ 2. _____ 3. _____

DRUG ALLERGIES : 1. _____ 2. _____ 3. _____

CURRENT MEDS : 1. _____ 2. _____ 3. _____

FAMILY HISTORY:

	Father	Mother	Father's Parents	Mother's Parents	Sibling	Children
Heart Disease	☐	☐	☐	☐	☐	☐
High Blood Presure	☐	☐	☐	☐	☐	☐
Stroke	☐	☐	☐	☐	☐	☐
Cancer	☐	☐	☐	☐	☐	☐
Glaucoma	☐	☐	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐	☐	☐
Epilepsy/ Convulsions	☐	☐	☐	☐	☐	☐
Bleeding Disorder	☐	☐	☐	☐	☐	☐
Kidney Disease	☐	☐	☐	☐	☐	☐
Thyroid Disease	☐	☐	☐	☐	☐	☐
Mental Illness	☐	☐	☐	☐	☐	☐
Osteoporosis	☐	☐	☐	☐	☐	☐

HOSPITALIZATION OR SURGERY :

REASON	DATE	REASON	DATE

MEDICAL HISTORY :

Headache _____
Shortness of breath _____
Heart palpitaions _____
Heart murmur _____
Chest pain _____
Dizziness / Fainting _____
Peripheral vascular disease _____
Allergies / Hay fever _____
Asthma _____
Bronchitis _____
Pneumonia _____
Ulcer _____
GI disorder _____

Lactose intolerance _____
Gallbladder disease _____
Postate disease _____
Bowel irregularity _____
Incontinence _____
Sexual / menstrual dysfunction _____
Venereal disease _____
Frequent infections _____
Hepatitis _____
Anemia _____
Arthritis _____
Osteoporosis _____
Nervousness _____

Depression _____
Gout _____
Scarlet fever _____
Chronic rashes _____
Rheumatic fever _____
Mumps _____
Measles _____
Rubella _____
Polio _____
Diphtheria _____
Tetanus _____
Other _____
Other _____

WOMEN ONLY : Pregnant ? Yes _____ No _____ Planning pregnancy ? Yes _____ No _____

MEN ONLY : It's common for men to occasionally experience erection difficulties. Is this something that happens to you ? Yes No
How often does this occur ? Frequently _____ Sometimes _____ Rarely _____

HABITS :

SMOKE : Packs daily _____
How long ? _____
Interested in stopping ? _____

DIET : Salt intake _____
Fat intake _____

SLEEP : Difficulty falling asleep _____
Continuity disturbances _____
Snoring _____
Daytime drowsiness _____

COFFEE: Cups daily _____
Other caffeine _____

ALCOHOL : Type _____
Amount _____

EXERCISE ROUTINE : _____
_____
_____

Early morning awakening _____
Other _____

Dr. Jagdish Lal M.D.

Rayconda Internal Medicine

Name : _____ **DATE :** _____
Last Name First Name Middle Name

SS # _____-_____-_____ **SEX :** _____ FEMALE _____ MALE **AGE :** _____ **DOB :** _____/_____/_____ MM DD YEAR

REVIEW OF SYSTEMS :

○ Neurologic _____ ○ GI _____ ○ Cardiovascular _____
○ GU _____ ○ Cerebrovascular _____ ○ Musculoskeletal _____
○ Peripheral vascular _____ ○ Dermatologic _____ ○ Hematologic _____

PHYSICAL EXAM :

Temperature _____ Pulse _____ BP _____
Height _____ Weight _____ Respiration _____
General Appearance _____

	N	AB	NOTES
Skin			
HEENT			
Neck			
Thyroid			
Lymph nodes			
Veins / carotid			
Chest			
Lungs			
Heart			
Abdomen			
Genital			
Rectal			
Extremities			
Joints			
Clubbing / cyanosis			
Peripheral pulses			
Edema			
Neurologic			

TESTS ORDERED :

○ Chest X-ray _____ ○ Barium enema _____ ○ TB test _____ ○ Flexsigmoidoscopy _____
○ Kidney X-ray _____ ○ Gallbladder _____ ○ Air contrast: Obstruction series _____ ○ ERCP _____
○ UGI series _____ ○ Electrocardiogram _____ ○ Endoscopy _____ ○ Liver biopsy _____
○ Colonoscopy _____ ○ Blood test _____ ○ ELISA _____ ○ Elevated ALT _____

IMPRESSIONS :

_____

_____

_____

_____