



HISTORY & PHYSICAL EXAMINATION
(Confidential Record)

Last Name First Middle

Age Sex M F

Referred to Dr. Quinn By:

REASON FOR VISIT (Details Please)

PREVIOUS SURGERIES:

Two blank lines for previous surgeries.

HOSPITALIZATIONS/MEDICAL PROBLEMS/SERIOUS ILLNESS/INJURY:

ASTHMA DIABETES
HIGH BLOOD PRESSURE HEART DISEASE

OTHER:

LIST CURRENT MEDICATIONS, VITAMINS & SUPPLIMENTS:

Blank line for current medications.

LIST DRUG ALLERGIES:

Blank line for drug allergies.

SOCIAL HISTORY:

Marital Status: S M W DIV SEP
Are You Pregnant? Yes / No
Smoke? How Much? Yes / No
Bleeding Problems? Yes / No
Taken Accutane? Yes / No
Drink Alcohol Daily? Yes / No
Take IV Drugs? Yes / No
Have AIDS risk or HIV Positive? Yes / No
Taking Aspirin? Yes / No
History of Blood Clots/DVTs? Yes / No

Patient has been instructed to DISCONTINUE fish oil, ASA, aspirin-like products, Vit. E, & Diet Pills.

FAMILY HISTORY: Have any relatives had the following? If so, whom?

Diabetes Yes / No
High Blood Pressure Yes / No
Heart Condition Yes / No
Arthritis Yes / No
Breast Cancer Yes / No
Seizures Yes / No
Melanoma Yes / No
Blood Clots/DVT Yes / No

HEALTH TODAY:

Shortness of Breath Yes / No
Chest Pain Yes / No
Fever Yes / No
Headaches Yes / No
Weight Loss Yes / No

Height Weight

To be completed by Dr. John M. Quinn, MD.

HEENT: PERRLA ORIS WNL.
NECK: SUPPLE
CHEST: RRR CLEAR
BREASTS:
ABDOMEN: SOFT NO MASSES
EXT: PULSES 2+ / 4+

IMPRESSION: