Patients Name: _____

Adult Summary Form

Date of Birth: _____

Medical Record #: _____

Primary Care Provider: _____

Drug Allergies/Sensitivities: _____

Emergency Phone #: _____ Contact Person/Relationship: _____

ICD Code	Chronic Medical Problem List	Date	Past Surgical History	Date
			Hospitalizations	**Date**

Family History of

Y	N		Family Member
☐	☐	Alzheimer's Dz	_____
☐	☐	Breast Ca	_____
☐	☐	CAD	_____
☐	☐	Cerebrovas. Dz	_____
☐	☐	Cervical Cancer	_____
☐	☐	Colon CA	_____
☐	☐	Depression	_____
☐	☐	DM	_____
☐	☐	Fe Storage	_____
☐	☐	Glaucoma	_____
☐	☐	Hyperchol.	_____
☐	☐	HTN	_____
☐	☐	Ovarian CA	_____
☐	☐	Prostate CA	_____
☐	☐	Skin CA	_____
☐	☐	Thyroid Dz	_____

Initial Risk Assessment

	Date
☐ Alcohol/Drug Use	_____
☐ STDs	_____
☐ Domestic Violence	_____
☐ Depression	_____
☐ Osteoporosis	_____
☐ Geriatric Assessment	_____
☐ MMSE	_____
☐ _____	_____

Social History

☐ Married ☐ Single ☐ Civil Union

☐ Divorced ☐ Widow(er)

☐ Lives Alone ☐ Separated

Occupation: _____

Religious Preference: _____

Advance Directive? ☐ Yes ☐ No
If Yes, Date: _____

Educ.: ☐ JHS ☐ HS ☐ College

☐ Other _____

Signature: _____ Date: _____

Patient Name: _____
Date of Birth: _____
Medical Record Number: _____

Review of Systems:

CONSTITUTIONAL
- ☐ ☐ Change Wt
- ☐ ☐ Fatigue
- ☐ ☐ Temperature/Chills
- ☐ ☐ Weakness

SKIN
- ☐ ☐ Chng Color
- ☐ ☐ Chng Hair/Nails
- ☐ ☐ New Lesions
- ☐ ☐ Pruritis
- ☐ ☐ Rash
- ☐ ☐ Xerosis

EYES
- ☐ ☐ Cataracts
- ☐ ☐ Chng Vision
- ☐ ☐ Glaucoma
- ☐ ☐ Redness

ENMT
- ☐ ☐ Bleeding Gums
- ☐ ☐ Chng Hearing
- ☐ ☐ Chng Voice
- ☐ ☐ Dentures
- ☐ ☐ Epistaxis
- ☐ ☐ Hoarseness
- ☐ ☐ Sinusitis
- ☐ ☐ Tinnitus
- ☐ ☐ Ulcers

RESPIRATORY
- ☐ ☐ Asthma
- ☐ ☐ Bronchitis
- ☐ ☐ Cough
- ☐ ☐ DOE
- ☐ ☐ Hemoptysis
- ☐ ☐ Pneumonia
- ☐ ☐ SOB

CARDIOVASCULAR
- ☐ ☐ Angina
- ☐ ☐ CAD
- ☐ ☐ Chest Pain
- ☐ ☐ Claudication
- ☐ ☐ DOE
- ☐ ☐ Edema
- ☐ ☐ HTN
- ☐ ☐ Orthopnea
- ☐ ☐ Palpitations
- ☐ ☐ PND

GASTROINTESTINAL
- ☐ ☐ BRBPR
- ☐ ☐ Chng Bowel Habits
- ☐ ☐ Constipation
- ☐ ☐ Diarrhea
- ☐ ☐ Dysphagia
- ☐ ☐ Fecal Incontinence
- ☐ ☐ GERD
- ☐ ☐ Hematochezia
- ☐ ☐ Hemorrhoids
- ☐ ☐ Melena
- ☐ ☐ N/V
- ☐ ☐ PUD

GENITOURINARY
- ☐ ☐ Chng Stream
- ☐ ☐ Hematuria
- ☐ ☐ Hernia
- ☐ ☐ Hesitancy
- ☐ ☐ Impotence
- ☐ ☐ Incontinence
- ☐ ☐ Nocturia
- ☐ ☐ Polyuria
- ☐ ☐ Scrotal Masses/Pain
- ☐ ☐ STD's
- ☐ ☐ Urgency

MUSCULOSKELETAL
- ☐ ☐ Arthritis
- ☐ ☐ Cervical Pain
- ☐ ☐ Decreased Motion
- ☐ ☐ Gout
- ☐ ☐ Injuries
- ☐ ☐ Joint Pain
- ☐ ☐ Joint Stiffness
- ☐ ☐ Locking Joints
- ☐ ☐ Low Back Pain
- ☐ ☐ Swelling

PSYCHIATRIC
- ☐ ☐ Depression
- ☐ ☐ Homicidal Ideation
- ☐ ☐ Substance Abuse
- ☐ ☐ Suicidal Ideation
- ☐ ☐ Time/Place Orientation
- ☐ ☐ Recent/Remote Memory
- ☐ ☐ Anxiety/Agitation

FEMALE REPROD.
- ☐ ☐ Abnormal Menses
- ☐ ☐ Dryness
- ☐ ☐ Dyspareunia
- ☐ ☐ Sexual Abuse
- ☐ ☐ Vaginal Discharge
- ☐ ☐ Breast Pain
- ☐ ☐ Breast Lumps
- ☐ ☐ Breast Discharge

ENDOCRINE
- ☐ ☐ Heat/Cold Intol.
- ☐ ☐ Neck Enlargement
- ☐ ☐ Polydipsia
- ☐ ☐ Xerosis

NEUROLOGIC
- ☐ ☐ Chng Concentration
- ☐ ☐ Chng Memory
- ☐ ☐ Dizziness
- ☐ ☐ Headache
- ☐ ☐ Imbalance
- ☐ ☐ Numbness
- ☐ ☐ Seizures
- ☐ ☐ Tremor
- ☐ ☐ Weakness

HEMATOLOGIC
- ☐ ☐ Anemia
- ☐ ☐ Easy Bruisability
- ☐ ☐ Enlarged LN's
- ☐ ☐ HxTransfusions

Comments:

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