NEBRASKA INTERNAL MEDICINE, P.C.
770 N. COTNER BLVD, SUITE 220
LINCOLN, NE 68505

NAME: _____ DATE OF BIRTH: _____

MAIDEN NAME: _____ MARRIED: _____ SINGLE: _____
WIDOW: _____ DIVORCED: _____

NEXT OF KIN: _____ PHONE: _____

EDUCATION: HIGH SCHOOL: _____ years
COLLEGE: _____ years

OCCUPATION: _____
(present or previous)
IF RETIRED, WHEN: _____

LAST TETANUS (year): _____ PNEUMOVAX (year): _____ FLU VAC (year): _____

REASON FOR PHYSICAL EXAM (MAIN PROBLEM):

_____

_____

_____

HOSPITALIZATIONS & OPERATIONS	YEAR	HOSPITAL

LIST THE CURRENT MEDICATIONS YOU ARE TAKING (include birth control pills, over-the-counter medications and vitamins):

_____ _____
_____ _____
_____ _____
_____ _____
_____ _____

LIST ANY ALLERGIES TO: Medications _____
_____
Other _____
_____

SMOKING HISTORY: Never Smoked: _____ OR Age you started smoking: _____
Age you quit smoking: _____
Cigarettes: ____ pk/day Cigars: _____ Pipe: _____

ALCOHOLIC BEVERAGES: Beer: _____ per/wk Mixed Drinks: _____ per/wk

Please circle symptoms and give a short explanation of your symptoms, concerns, or illness in relation to the following body systems:

SKIN: (for example)

- Changes in color _____
- Changes in mole _____
- Abnormal loss of growth of hair _____
- Changes in fingernails or toenails _____

HEAD: (for example)

- Headaches _____
- Trauma _____
- Blackout spells _____
- Seizures _____

EYES: (for example)

- Vision Loss _____
- Double Vision _____
- Blurred Vision _____
- Trauma _____
- Glasses
- Color Blindness
- Glaucoma
- Inflammation

EARS: (for example)

- Deafness _____
- Ringing in ears _____
- Dizziness _____
- Pain _____
- Mastoiditis _____
- Drainage from ears _____

NOSE & MOUTH: (for example)

- Sinusitis _____
- Hayfever _____
- Nasal Discharge _____
- Bloody Noses _____
- Sores (mouth or tongue) _____
- Hoarseness
- Dentures

BREAST: (for example)

- Lumps _____
- Discharge from nipples _____
- Tenderness _____
- Fibrocystic disease _____
- Date of last mammogram _____

LUNGS: (for example)

- Shortness of breath _____
- Wheezing _____
- Cough _____
- Sputum production _____
- Blood in sputum _____
- Night Sweats _____
- Pleurisy
- Asthma
- Pneumonia
- Frequent bronchitis
- Tuberculosis

HEART & BLOOD VESSELS: (for example)

Palpitations	Pain in legs	_____
Heart irregularities	with exertion	_____
Pain or tightness	Cold extremities	_____
Swollen ankles	Phlebitis	_____
Awaken at night short of breath		_____
High blood pressure		_____
Heart murmurs		_____

STOMACH & BOWELS: (for example)

Change in appetite	Blood in stools	_____
Change in weight	Hemorrhoids	_____
Nausea	Constipation	_____
Heartburn	Diarrhea	_____
Abdominal pain	Vomiting	_____
History of jaundice		_____
Difficulty swallowing		_____

URINARY SYTEM: (for example)

Frequency of urination at night	_____
Pain with urination	_____
Blood in urine	_____
History of stones or infection	_____
Loss of bladder control	_____
Prostate difficulty	_____
Sexual difficulty	_____

MENSTURAL HISTORY: (for example)

Changes in periods	_____
Vaginal bleeding	_____
Hot flashes	_____
Birth control pills	_____
Date of last menstrual period	_____
Date of last Pap smear	_____
Date of menopause	_____

Pregnancies

_____ Number of pregnancies
_____ Number of miscarriages
_____ Number of premature births
_____ Number of live children
_____ Number of C-sections

BONES: (for example)

Past fracture	Stiffness	_____
Past sprains	Weakness	_____
Arthritis	Night cramps	_____
Pain	Back trouble	_____
Swelling		_____

NERVOUS SYSTEM: (for example)

Numbness	Seizure	_____
Weakness	Tremor	_____
Visual disturbance	Blackouts	_____
Taste disturbance		_____
Difficulty in coordination		_____
Handwriting changes		_____

HORMONAL SYSTEM: (for example)

Weight changes	Past cortisone	_____
Weakness	intake	_____
Abnormalities	Heat or cold	_____
of thyroid	intolerance	_____
Goiter	Excessive thirst	_____
Diabetes	Excessive urination	_____

BLOOD SYSTEM: (for example)

Anemias	_____
Enlarged lymph nodes	_____
Bruising	_____
Bleeding problems	_____
Use of iron pills	_____

PYSCHOLOGICAL: (for example)

Nervousness	_____
History of nervous breakdown	_____
Sleep problems	_____
Lose temper easily	_____
Worry a lot	_____
Crying spells	_____
Depression	_____
Trouble remembering	_____