NHC OFFICE VISIT QUESTIONAIRE

Today's Date: _____

Patient _____ DOB: _____

Have you had any new medications or changes in your medications? ☐ Yes ☐ No

(List any new prescriptions or changes in dosages and frequency of current medications on the back of this page)

Have you been in the hospital since your last visit? _____

PCP/Physicians you see _____

Have you received your seasonal flu shot? ☐ Yes When?_____ ☐ No

We offer access to a Patient Portal, which allows you to commicate to our office electronically.

Do you wish to use our Patient Portal?

☐ yes ☐ no ☐ I have no email Email:

Have you had any of the following symptoms in the past 3 weeks:

Constitutional

- ☐ Change in appetite
- ☐ Decreased appetite
- ☐ Fatigue
- ☐ Chills and fever
- ☐ Trouble sleeping
- ☐ Irritability
- ☐ Night sweats
- ☐ Weakness
- ☐ Unexplained weight gain
- ☐ Unexplained weight loss

Other

HEENT

- ☐ Headache
- ☐ Visual problems
- ☐ Hearing problems
- ☐ Nasal problems
- ☐ Throat problems
- ☐ Mouth problems

Other

Respiratory

- ☐ Cough
- ☐ Shortness of breath
- ☐ Painful/difficult breathing

Other

Cardiovascular

- ☐ Chest pain
- ☐ Irregular heart beats
- ☐ Swelling
- ☐ Fainting_____

Other

Vascular

- ☐ Cold extremities
- ☐ Ulcers
- ☐ Varicose Veins

GI

- ☐ Abdominal pain
- ☐ Blood in your stool
- ☐ Constipation
- ☐ Diarrhea
- ☐ Difficulty swallowing
- ☐ Heartburn
- ☐ Hemorrhoids
- ☐ Nausea
- ☐ Vomiting

GU

- ☐ Back pain
- ☐ Cloudy urine
- ☐ Slow urine stream
- ☐ Decreased urine
- ☐ Painful urination
- ☐ Unusual foul odor of urine
- ☐ Frequent urination
- ☐ Urination during night_____
- ☐ Blood in your urine
- ☐ Leaking urine

Other

Reproductive

- ☐ Impotence

Last menstrual period_____

- ☐ Difficult menstruation

Other

Metabolic/Endocrine

- ☐ Problems with cold
- ☐ Problems with Heat
- ☐ Low blood sugar
- ☐ Insulin reaction
- ☐ Excessive thirst_____
- ☐ Numbness and tingling_____

Neurological/Psych

- ☐ Memory impairment
- ☐ Seizures
- ☐ Tremors
- ☐ Difficult speech_____
- ☐ Difficulty walking_____

Dermatological

- ☐ Frequent skin infections
- ☐ Rash
- ☐ Skin eruptions
- ☐ Itching_____
- ☐ Unusual sweating_____

Musculoskeletal

- ☐ Painful joints
- ☐ Muscle weakness
- ☐ Neck stiffness
- ☐ Muscle cramps_____

Other

Hematological

- ☐ Blue/gray skin
- ☐ Anemia
- ☐ Bleeding
- ☐ Bruising

Immunological

- ☐ Environmental Allergies
- ☐ Food Allergies
- ☐ New Allergies (list below)

STAFF COMMENTS

****DO NOT WRITE BELOW THIS LINE****

Ht	Wt	BP↑	BP↓	Pulse	Temp