

DispatchMD: New Patient Medical & Surgical History

Patient Name: _____ Date of Birth: __/__/____

Review of Systems: Circle response			
Weight/appetite	Normal/Abnormal	Bones/Joints	Normal/Abnormal
Eyes	Normal/Abnormal	Skin	Normal/Abnormal
Ears	Normal/Abnormal	Nervous System	Normal/Abnormal
Nose	Normal/Abnormal	Emotional/Behavioral	Normal/Abnormal
Throat	Normal/Abnormal	Blood/Lymph system	Normal/Abnormal
Heart/Circulation	Normal/Abnormal	Hormones/Glands	Normal/Abnormal
Stomach/Digestion	Normal/Abnormal	Allergic/Immunologic	Normal/Abnormal
Kidneys/Bladder	Normal/Abnormal	Respiratory	Normal/Abnormal
Allergies			
No Yes If yes, please list:			
Past History			
Hospitalizations, Surgeries, Major Illnesses:			
Problem:		Date/Pt Age:	
Problem:		Date/Pt Age:	
Problem:		Date/Pt Age:	
Problem:		Date/Pt Age:	
Problem:		Date/Pt Age:	
Patient Medical History: Check all that apply			
Atrial Fibrillation	Diverticulosis/itis	Kidney Disease	
Acid Reflux	Endometriosis	Kidney Stone	
ADD/ ADHD	Fibromyalgia	Migraines	
Anxiety	Gallstones	Neuropathy	
Arthritis/DJD	Glaucoma	Parkinson's	
Asthma	Gout	Pulmonary Embolism	
CHF	Heart Attack	Rheumatoid Arthritis	
COPD/Emphysema	Heart Disease	Sciatica	
Crohn's	Hepatitis	Sleep Apnea	
Dementia	High Blood Pressure	TIA/Stroke	
Depression	High Cholesterol	Other:	
Diabetes	Hypothyroid	Other:	
Other			
Do you wear glasses/contacts? Yes/No Do you wear hearing aids? Yes/No			

Patient Name: _____

Date of Birth: __/__/____

Social History: (describe any that apply)

Exercise/activity:

Special Diet:

Smoking: (circle) Yes No

Alcohol use: (circle) Yes No

For women: are you currently pregnant? Yes No Post-menopausal

Have you had a Covid shot? (circle) Yes No If Yes, which one?

Current Medications: medications/over-the-counter/supplements

1.

8.

2.

9.

3.

10.

4.

11.

5.

12.

6.

13.

The following questions pertain to the Patient's Parents:

Father

Mother

Cardiovascular Disease Yes No Unk

Cardiovascular Disease Yes No Unk

High Cholesterol Yes No Unk

High Cholesterol Yes No Unk

Cancer Yes No Unk

Cancer Yes No Unk

High Blood Pressure Yes No Unk

High Blood Pressure Yes No Unk

Lung Disease Yes No Unk

Lung Disease Yes No Unk

Brain Aneurysm Yes No Unk

Brain Aneurysm Yes No Unk

Diabetes Yes No Unk

Diabetes Yes No Unk

Alzheimer's Yes No Unk

Alzheimer's Yes No Unk

Psychiatric Yes No Unk

Psychiatric Yes No Unk