



Gulley  Raiser

Name: \_\_\_\_\_ Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Consulting Physician: \_\_\_\_\_

New Patient: \_\_\_ Est. Patient: \_\_\_ Reason for Visit? \_\_\_\_\_ Age: \_\_\_\_\_

**HPI:**  
\_\_\_\_\_

**General**

Weight loss greater than 10 lbs \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Night Sweats \_\_\_\_\_

Swelling or lumps in armpit or groin \_\_\_\_\_

**HEENT**

Problems opening mouth \_\_\_\_\_

**Respiratory**

Asthma \_\_\_\_\_

Emphysema or COPD \_\_\_\_\_

Bronchitis \_\_\_\_\_

Pneumonia \_\_\_\_\_

**Cardiovascular**

High Blood Pressure \_\_\_\_\_

Skipping, racing, or thumping heart beat \_\_\_\_\_

Pain or tightness in your chest \_\_\_\_\_

Shortness of breath with little exertion \_\_\_\_\_

Swollen ankles or feet \_\_\_\_\_

Previous Heart Attack \_\_\_\_\_

**Digestive**

Pain in your stomach \_\_\_\_\_

Nausea \_\_\_\_\_

Blood when vomiting \_\_\_\_\_

Bleeding from rectum \_\_\_\_\_

Constipation \_\_\_\_\_

Diarrhea \_\_\_\_\_

Heart Burn \_\_\_\_\_

**Skin**

Rash or other skin condition \_\_\_\_\_

**Urinary**

Frequency of urination \_\_\_\_\_

Pain with urination \_\_\_\_\_

Difficulty starting flow \_\_\_\_\_

Blood in urine \_\_\_\_\_

Incontinence \_\_\_\_\_

**Female**

Is there any chance you are pregnant \_\_\_\_\_

**Musculoskeletal**

Cramping or pain in calves when walking \_\_\_\_\_

**Neurological**

Drug Problem \_\_\_\_\_

Stroke \_\_\_\_\_

Convulsions or Seizures \_\_\_\_\_

Tremor \_\_\_\_\_

**Endocrine**

Diabetes \_\_\_\_\_

Over or under active thyroid \_\_\_\_\_

**Allergies and Pharmacy**

Do you have allergies, please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Pharmacy Provider:**

Wal-Mart | Safeway | Driscolls | Osco/CVS | Kmart | Med Arts | Thrifty

Other: \_\_\_\_\_

**Medication**

Dose \_\_\_\_\_ Frequency \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you taking any herbal medications, supplements, or vitamins?

No \_\_\_ If Yes What: \_\_\_\_\_

**Past Medical History**

Please list any health issues: \_\_\_\_\_

\_\_\_\_\_

Please list any prior surgeries of hospitalizations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family History**

Mother \_\_\_\_\_ Father \_\_\_\_\_ Sister \_\_\_\_\_ Brother \_\_\_\_\_

High BP \_\_\_\_\_

Heart Problems \_\_\_\_\_

Diabetes \_\_\_\_\_

Cancer - Type \_\_\_\_\_

**Social History**

Married \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Children \_\_\_\_\_

Employed \_\_\_\_\_

Smoke \_\_\_\_\_

Drink Alcohol \_\_\_\_\_

Street Drugs \_\_\_\_\_

Venereal Disease \_\_\_\_\_

Hepatitis C \_\_\_\_\_

AIDS \_\_\_\_\_

**Physician H & P**

WNL Abnormal

ENT \_\_\_\_\_

GI \_\_\_\_\_

Musculoskeletal \_\_\_\_\_

Neuro \_\_\_\_\_

Cardiopulmonary \_\_\_\_\_

Genitourinary \_\_\_\_\_

**Physician Assessment**

\_\_\_\_\_

**Physician Plan**

\_\_\_\_\_

Risks, benefits, alternative of proposed procedure discussed: **YES NO NA** Risks include but are not limited to: infection, bleeding, damage to nearby structures, risk of anesthesia to heart and lungs, mis-diagnosis. **Physician Signature**