William Wallace Webster, MD

NEW PATIENT HEALTH INFORMATION

Name (LAST)_____(MI)___(FIRST)_____ DOB:__/__/__
Age:__
Preferred Pharmacy and Location:_____
Primary Care Provider:_____
Reason for visit:

_____
_____
Allergies:_____
_____
_____
Medications (or give us a list):_____
_____
_____

FAMILY MEDICAL HISTORY
List any diseases/conditions your family members have and your relation to them

_____
_____
_____
_____
_____
_____

SOCIAL HISTORY_____
Nicotine use-
___Current Cigarette Smoker
-if yes, how many years of use?_____ how many packs per day?_____
___Former Cigarette Smoker
- if yes, how many years of use?_____approximate year you quit?_____
___E-Cigarette or Vape use
___Chewing Tobacco Use
___Never
Alcohol Use? ____yes ____no
-if yes, how many drinks in one sitting?____ how many days a week?___
Have you ever used illegal drugs?___yes___no

History of Falling--
___History of falling/balance problems
___Recent fall (s)
___Use cane or walker
___Help at Home
Advanced Directive on File? ___Y ___N
Marital Status:

_____

PAST SURGICAL HISTORY

Please describe what and approximately when:

_____

_____

_____

_____

PAST MEDICAL HISTORY (check any that apply to you)

___Acid Reflux
___Allergies/Hay Fever
___Amblyopia
___Anemia
___Anesthesia Complications
___Anxiety Disorder
___Arthritis
___Asthma
___Bleeding Disorder
___Blood Disorder
___Bronchitis
___COPD
___Cancer
___Coronary Artery Disease
___Depression
___Developmental Delay
___Diabetes
___Diabetic Eye Disease
___Double Vision
___Eczema
___Emphysema
___Eye Trauma
___Fibromyalgia
___Flomax use past or present
___Food Allergy
___GERD/reflux
___Gastrointestinal Disease
___Genitourinary Disease
___Glaucoma
___Head Injury/Concussion
___Headaches
___Hearing Loss
___Heart Attack
___Heart Conditions
___Heart Disease
___Heart Problems
___High Cholesterol
___Hives
___Hyperlipidemia
___Hypertension
___Immune System Disorder
___Kidney Disease
___Liver Disease
___Lung Disease
___Meningitis
___Migraines
___Multiple Sclerosis
___Nasal or Sinus Problems
___Nasal Polyps
___Neurologic Disorder
___Ocular Trauma
___Osteoporosis
___Other Skin Condition
___Pneumonia
___Psychiatric Condition
___Rhinitis
___seasonal allergies
___Sleep Apnea
___sleep disorder
___Speech Delay
___stroke
___Thyroid Disease
___Thyroid Problems
___Tonsil Infections
___Tuberculosis

Other:_____

REVIEW OF SYSTEMS

Mark any symptoms that you are currently experiencing.

Constitutional

☐ Fever ☐ Night Sweats ☐ Weight Gain ☐ Weight Loss ☐ Lethargy/Tired
☐ Malaise/ feel ill ☐ chills

Eyes

☐ Wear Glasses ☐ Dry Eyes ☐ irritated eyes ☐ vision change ☐ eye disease/injury

ENT

☐ difficulty hearing ☐ ear pain ☐ nose bleeds ☐ nose problems ☐ sinus problems
☐ sore throat ☐ bleeding gums ☐ snoring ☐ dry mouth ☐ oral abnormalities ☐ mouth ulcer ☐ mouth breathing ☐ ringing in the ears ☐ sinus infection

Cardiovascular

☐ chest pain ☐ arm pain on exertion ☐ palpitations ☐ heart murmur
☐ light headed when standing ☐ ankle swelling

Respiratory

☐ cough ☐ wheezing ☐ shortness of breath ☐ coughing up blood ☐ sleep apnea

Gastrointestinal

☐ abdominal pain ☐ nausea ☐ vomiting ☐ constipation ☐ change in appetite
☐ black or tarry stool ☐ frequent diarrhea ☐ vomiting blood ☐ indigestion ☐ GERD/reflux

Genitourinary

☐ urinary incontinence ☐ difficulty urinating ☐ urinary frequency ☐ hematuria
☐ incomplete bladder emptying

Musculoskeletal

☐ muscle aches ☐ muscle weakness ☐ joint pain ☐ back pain ☐ swelling in limbs
☐ neck pain ☐ difficulty walking ☐ cramps ☐ osteoporosis ☐ fractures

Integumentary

☐ abnormal mole ☐ jaundice ☐ rash ☐ itching ☐ dry skin
☐ lesions ☐ lacerations ☐ non-healing wound ☐ change in hair/nails ☐ psoriasis
☐ change in skin color ☐ breast lump

Neurologic

☐ weakness ☐ numbness ☐ seizures ☐ dizziness ☐ headaches
☐ migraines ☐ restless legs ☐ tremors ☐ abnormal gait ☐ paralysis

Psychiatric

☐ depression ☐ sleep disturbances ☐ feel unsafe ☐ restless sleep ☐ alcohol abuse
☐ anxiety ☐ hallucinations ☐ suicidal thoughts ☐ mood swings ☐ dementia

Endocrine

☐ fatigue ☐ increased thirst ☐ hair loss ☐ increased hair growth ☐ cold intolerance

Hematologic

☐ swollen glands ☐ easy bruising ☐ excessive bleeding ☐ anemia

Allergy

☐ runny nose ☐ sinus pressure ☐ itching ☐ hives ☐ frequent sneezing