PHOENIX

Emergency Care

www.PhoenixEmergencyCare.com

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Review of Current and Previous Medical History

PHOENIX is a leader in using information to decrease medical errors. **To best serve you,** it is valuable to have **a complete picture of your health**. In addition, the more complete your information, the better your insurance coverage will be. Please fill in the blanks and circle the correct answers to the best of your ability. We will be happy to assist you.

Name:_____ DOB:_____ Age:_____ Date: _____

Chief Complaint (The reason for today's visit): _____ **Work Accident? N Y**

What happened? (What is **Your History of Illness or Mechanism of Injury** leading to today's visit)?

_____

_____

_____

Specifically,

When did it *start?*_____

Since then, Has it improved, worsened, or stayed the same? Please describe. _____

_____

What brings it on or makes it worse?_____

What prevents it, makes it better, or makes it stop?_____

If your problem is **PAIN**:

What words **describe it**? sharp dull crushing pressure throbbing cramping burning itching stinging

Other: _____

Where is it located, and has it, or does it, move, radiate, or migrate? _____

How ***severe*** is it? (Mild - Moderate - Severe) (1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10)

What is the ***timing*** like? Lasts _____ Min Hrs Days Continuous Intermittent Waxing and waning

What **other symptoms** do you have? Nausea Vomiting Short of Breath Sweats Light-headed

Palpitations Weakness Difficulty walking Difficulty controlling urination Difficulty controlling BMs

Other: _____

Have you had this same problem before? Yes No

If YES: What was the diagnosis when you had this before? _____

What previous treatment, if any, have you had for this in the past? None Diet Exercises Medicine

Physical Therapy Surgery Other / Elaborate: _____

What was the outcome of this treatment when used in the past? No effect Worsened Improved Resolved

Elaborate: _____

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System Review

(Circle those that apply to you ***today***). **ALL NEGATIVE EXCEPT AS ON OTHER SIDE ____.**

General Wt Gain + ___ lbs Wt Loss - ___ lbs. Appetite: Up Down. Fever Chills Sweats Muscle Aches Weakness Fatigue Insomnia Irritable Heat or cold intolerance Thirst

Skin Rash Itching Sores Bruises Lesions Bleeding tendencies

Head Headache Loss of consciousness Seizure History of Head trauma

Eyes Itchy Pain Redness Irritation Tearing Vision Change Double vision Pain from bright light

Ears, Nose & Throat Hearing loss Discharge Earache Vertigo (spinning dizziness) Ringing in ears Nosebleeds Snoring Runny nose: (Watery Thick Clear Yellow Green Bloody) Postnasal drip Sinus pressure / headache Loss of Smell Sore throat Painful swallowing Can't swallow

Respiratory System Shortness of Breath Wheezing Chest Pain (with cough with breathing at rest) Cough: Sputum (None Color: _____ Bloody Blood)

Lymph Nodes Swollen Painful Location _____

Cardiovascular Chest Pain Palpitations Fainting Shortness of Breath Ankle swelling Heart murmur Require ___ pillows to lie down Jump up from bed to catch breath Calf pain or Leg cramps

Gastrointestinal Difficulty swallowing Heartburn Bloating Belching Flatulence Nausea Vomiting (Blood) Abdominal Pain Food intolerance History of hepatitis or jaundice Diarrhea Constipation Change in bowel habits Black tarry stools Bright red blood in stools

Genitourinary Frequent urination (small amounts normal amounts) Pain with Urination Blood in urine Urinate ___ times during the night Difficulty initiating a urine stream

Female No. Of: Pregnancies___ Live births___ Premature___ Living Children__.

Last ***Normal*** Menstrual Period _____. Hysterectomy / Menopause at Age _____. On Hormones Y N.

No periods Irregular Periods Regular heavy periods Bleeding between periods Vaginal discharge

Pelvic Pain Painful intercourse

Breasts Swelling Lumps Pain Discharge Regular self-examination? Y N

Musculoskeletal Acute joint pain Chronic joint pain Joint swelling Neck Pain Back pain

Neurological Weakness Muscle atrophy Tremor (Coarse Fine) Numbness Tingling Memory loss Difficulty Walking or Speech History of Stroke or Seizure

Medications

Medicine	For	Since

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Drug Allergies

Drug	Reaction	When

Surgeries / Hospitalizations

Operation / Illness	Where	When

Other Physicians (Doctors you are currently seeing or have recently seen)

Doctor	Specialty	Doctor	Specialty
1		3	
2		4	

Immunizations

Adults: Tetanus < 5 years? _____Yes ____No _____Year **Peds**: Up to Date? ___Yes ___ No

Past Medical History and Family History

Circle **P** if **you yourself**, or **F** if someone in your **Immediate Family,** have /has had any of the following. Fill in the blank space with what **Year** if **P**, or with **Who** if **F**.

Alcoholism	F P _____	HIV / AIDS	F P _____	Bleeding Disorder	F P _____
Arthritis	F P _____	Kidney Stone	F P _____	High Blood Pressure	F P _____
Asthma	F P _____	Migraine	F P _____	High Cholesterol	F P _____
Diabetes	F P _____	Obesity	F P _____	Stroke	F P _____
Cancer*	F P _____	Mental Illness*	F P _____	Heart Disease*	F P _____

*Additional Details: _____

Other

_____ F P _____ _____ F P _____ _____ F P _____

_____ F P_____ _____ F P _____ _____ F P _____

Social History

Do you or did you smoke? No Yes _____ packs per day for _____ years. Quit ____ years ago.

Do you drink? No Yes _____ drinks per day / week for ____ years.

Over-the-Counter, Illicit, or other drugs not listed above? No Yes _____

Occupation _____

HIV exposure (Congenital, Transfusion, IV drug abuse, Sexual)?

For Pediatric Patients: Birth weight _____ Birth Complications: None

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PHOENIX Emergency Care **PREVENTIVE SCREENS**

Proven to prevent illness and prolong life, see which apply to you, and make sure you are up to date.

Measure	Recommendation	Date Last Performed	Result if Known	Date Next Due
	GENERAL			
Hemoglobin / Hematocrit (for **Anemia**)	Q5-10Y, but Q1Y if F w/ heavy Periods, Other blood loss, Low Iron Intake, or History of Anemia.			
Chlamydia	Q1Y if **Sexually Active F under 26**			
TSH for **Hypothyroid**	Q5Y after 34			
Bone Mineral Density (for **Osteoporosis**)	50-64 w/ Fracture of Hip, Wrist, or Vertebra (Back), or Post-menopausal. Q2-3Y at 65-76, but Yearly till stable if treated.			
Dental Exam	Q6-12 Months			
Vision Exam	Once 21-39, then Q2-4Y after 40.			
Hearing Test	Once Q10Yrs at 19-49, then per Dr discretion.			
	CARDIAC RISK FACTORS			
Heart Dis. Risk Equiv.	**Heart Disease, Carotid Artery Disease, Peripheral Artery Disease, Abdom Aortic Aneurysm, DM**			
Family History	Heart Attack or Stroke in first degree relative, M under 55 or F under 65.			
Age	Over 44 for M, 54 for W.			
Cholesterol	Q1-5Y if over 19 and any major risk factor (Smoking, HBP, DM, or FH) or FH of HC.			
Blood Pressure	Q1-2Y if over 20			
Cigarette Smoking	____ Cigarettes per day			
EKG	Any cardiac risk factors (for baseline).			
Fasting **Blood Sugar**	Q3Y over age 44, or if have HBP or HC			
	DIABETES			
Hemoglobin A1c	DM or abnl fasting blood sugar. Q1Month initially, Q3Months w/ Poor Control or Rx Change, then Q1-2Y when Stable			
Quantitative Micro-Albumin	DM Type I for more than 5 yrs or at Puberty. DM Type II: At Dx, then annually till 70 yo.			
Eye Exam	DM Type I: At age 10 if DM for 3-5 Yrs. DM Type II: Over 30 old; all c Vis Sx/Abn.			
ACE Inhibitor	All w/o contraindication to prevent nephropathy. Higher doses if tolerated.			
	BREAST CANCER			
Breast Self-Exam	Q1Month from 21-64			
Mammogram	Q1-2Y after 40, younger if FH			
	CERVICAL CANCER			
Pap / Pelvic	Q1Y if no hysterectomy. Q3Y maybe OK after 3 nls. May stop after 65 & 3Negs.			
	PROSTATE CANCER			
PSA / Digital Rectal Exam	Q1Y M over 50 w/ Anticipated survival over 10Y			
	COLON CANCER			
Hemoccult	Q1Y after age 50; earlier with Risk Factors			
Rectal Exam	Q1Y after age 50; earlier with Risk Factors			
Colonoscopy	Q10Y after age 50, sooner with Risk Factors			
Alternative: Flex Sigmoidoscopy	Q5Y after age 50, sooner with Risk Factors			
Alternative: Barium Enema	Q5Y after age 50, sooner with Risk Factors			
	MELANOMA			
Mole Self-Exam	Q1Month after age 17yo			
Mole Exam by Dr	Q3Y from 21-39, then Q1Y after 40			
	VACCINES			
Influenza Vaccine	Q1Y after 50, Younger per Dr discretion			
Gardisil (**HPV**)				
Td (for **Tetanus**, diphtheria)	Q10Y after 17.			
Rubella	Vaccine or titer in F of childbearing potential			
Pneumococcal Vaccine	Once after 65 or Risk Factors. Revaccinate once after 5Y if 1st time before 65			
Shingles Vaccine	Once after 60 if no history of previous Shingles & intact immune system			
	TREATMENTS			
Prophylactic **Aspirin**	M over 40, Post-Menopausal F, or Risk Factors			
Beta-Blocker	Post - **Heart Attack**: All w/o contraindication			
Altace	Post - **Heart Attack**: All w/o contraindication			
ACE Inhibitors in **CHF**	All w/o contraindication. Higher doses if tolerated.			
Coumadin in A. Fibrillation	Keep INR=2-3			
K+ on **Diuretics**	Q3days till stable at initiation or change, then Q3Months till stable, then Q1Y			
Inhaled Steroids in Ped Asthma	2-18 w/ Persistent Asthma per NHLBI criteria			

Q=Every, Y=Year(s), F=Female, M=Male, DM=Diabetes, HBP=High Blood Pressure, FH=Family History, HC=High Cholesterol, ACE=Angiotensin Converting Enzyme, CHF=Congestive Heart Failure, w/o=without.