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NEW PATIENT HISTORY

Patient Name: _____ Age: _____ Date: _____

Reason for Consultation: _____

Referring Physician: _____

HPI: _____

PMHX _____

PSHX: _____

Allergies: _____

Review of Systems: Check box if negative

Systemic: Fever, chills, sweats, weight loss, weight gain, depression, anorexia, nausea, weakness, fatigue, malaise

Skin: Rash, Pruritis, dry, bleeding, lesion _____

Nodes: Neck, groin, other _____

HEENT: Glasses, change, floaters, blurred _____

Neck: Goiter, stiffness, swelling _____

Resp: SOB, wheezing, cough, sputum, pleuritic pain, hemoptysis, TB history _____

CV: Hypertension, CAD, chest pain, DOE, edema, murmurs, claudication, cold extremities _____

GI: Dysphagia, esophagitis, HH, GERD nausea, vomiting, diarrhea, constipation, abdominal pain, rectal bleeding, hemorrhoids, anal herpes _____

GU: UTI, dysuria, frequency, hematuria, kidney stones, STD, PID, vaginal discharge, normal

MS: Aches, pains, stiffness, joint swelling, leg ulcers _____

Endo: NIDDM, IDDM, hyperthyroid, hypothyroid _____

CNS: Stroke, weakness, gait difficulty, paresthesias, psychiatric Hx _____

Family Hx: _____

Gyn Hx: _____

Social Hx: Tobacco: Packs/d _____ Quit: _____ Alcohol: _____ Drugs: _____

Current Medications: _____

Physical Examination:

T: _____ **P:** _____ **R:** _____ **BP:** _____ **Weight:** _____ **General:** _____

Check of Negative:

Skin: Rash, Lesion _____

Lymphatics: Neck, axilla, groin, sc _____

Eyes: Perri _____ **Fundi:** No H or E, CMV signs _____

Nose: bleeding, lesion _____

Mouth and Throat: No thrush, herpes _____

Neck: No goiter, bruit, mass, other _____

Thorax: No kyphosis, barrel shape, pectus, other _____

Breasts: No mass, nipple discharge _____ Not examined

Lungs: Clear to p and a _____

Heart: RR no murmur, rub gallop, other _____

Spine: No tenderness, CVAT _____

Abdomen: No h/s megaly, mass, hernia, other _____

Genitalia: _____ Pelvic Exam: Not done

Neurological: (EOM's intact, CN's intact, motor equal symmetrical, no sensory defects, reflexes normal, no cerebellar signs, no abnormal reflexes)

Other _____

Trigger points: Occipital, trapezius, scapular, lumbar, sacral, sternal, arm leg

Extremities: No calf swelling, clubbing, edema _____

Assessment _____

Plan _____