Complete Family Medicine
6084 Professional Pkwy., Ste. C
Douglasville, GA 30134
770-942-1440

Patient Name_____

Date _____

"Reason for this visit"

Please write in as complete detail as you can the reason for seeing the doctor today. Use these prompts to help you. ⟶

_____
_____
_____
_____
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_____

Reviewed by _____ Date _____

1. What's bothering you?
2. What hurts?
3. When did it start?
4. How long does it stay?
5. How often does it happen?
6. If pain, describe it.
7. How severe? (1-5, 1 is mild, 5 is severe)
8. What makes it better?
9. What makes it worse?
10. What have you done about it or used for it?
11. Is there a particular disease that you are afraid that you might have?

FOR OFFICE USE ONLY

Time in Wait time

Lobby _____:_____
Room _____:_____ _____
Provdr _____:_____ _____

HPI

PF	EPF	Det	Comp
1-3	1-3	4+	4+/3

ROS

PF	EPF	Det	Comp
0	+/- CC	2-9	10+

PFSH

PF	EPF	Det	Comp
0	0	1/3	new3/3 est. 2/3

Highest unanimous Hx Type:

PF EPF Det Comp

Symptoms: Check (☑) the symptoms you currently have:

General
- ☐ Fever (Temp: _____°)
- ☐ Chills ☐ Sweats
- ☐ Nausea ☐ Vomiting
- ☐ Constipation/Diarrhea
- ☐ Weight loss (_____lbs)
- ☐ Weakness/Numbness
- ☐ Insomnia/Sleep disturbance

Eye, Ear, Nose, Throat
- ☐ Blurred vision
- ☐ Difficult/Painful swallowing
- ☐ Earache
- ☐ Hay fever/allergies
- ☐ Hearing loss
- ☐ Persistent cough
- ☐ Sinus problems

Cardiovascular
- ☐ Chest pain
- ☐ Irregular heart beat
- ☐ Ankle swelling

Respiratory
- ☐ Cough
- ☐ Shortness of breath
- ☐ Decreased exercise

Gastrointestinal
- ☐ Abdominal pain
- ☐ Poor appetite
- ☐ Bloating/burping
- ☐ Passing lots of gas
- ☐ Bowel changes
- ☐ Hemorrhoids

Genito-Urinary
- ☐ Blood in urine
- ☐ Frequent urination
- ☐ Painful urination
- ☐ Lack of bladder control

Skin
- ☐ Rash
- ☐ Change in moles
- ☐ Itching

Neurological/Psych
- ☐ Dizziness
- ☐ Fainting
- ☐ Seizures
- ☐ Depression/Anxiety
- ☐ Headache

Women Only
- ☐ Abnormal pap smear
- ☐ Abnormal bleeding
- ☐ Breast lump
- ☐ Extreme menstrual pain
- ☐ Hot flashes
- ☐ Nipple discharge
- ☐ Painful intercourse
- ☐ Vaginal discharge

____/ ____/ ____ last period
____/ ____/ ____ last pap

Men Only
- ☐ Erection difficulties
- ☐ Lump in testicles
- ☐ Penis discharge

Do you have:
- ☐ AIDS/HIV
- ☐ Alcoholism
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Cancer
- ☐ Cataracts
- ☐ Emphysema
- ☐ Heart disease
- ☐ Liver disease
- ☐ Migraines
- ☐ Psychiatric care
- ☐ Ulcers
- ☐ Venereal disease