

Date \_\_\_\_\_

Male  Female

Name \_\_\_\_\_

Marital Status \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

**REVIEW OF SYMPTOMS AND PAST MEDICAL HISTORY**

**SYMPTOMS:** Please mark (x) in the available blanks if any of the following apply to you NOW or in the PAST.

**NOW PAST HEAD, EYES, EARS, NOSE THROAT**

- Dizziness
- Severe headaches
- Double vision
- Poor eyesight
- Ear or hearing trouble
- Frequent nose trouble
- Persistent hoarseness
- Teeth trouble
- Sore mouth

**LUNGS**

- Daily cough
- Coughing blood
- Persistent wheezing
- Shortness of breath
- Chest pain when breathing

**HEART - CIRCULATION**

- Chest pain when walking
- Heart palpitation
- Leg vein trouble
- Leg pain when walking
- Ankle swelling

**STOMACH - INTESTINAL**

- Trouble swallowing
- Frequent or severe nausea
- Frequent or severe heartburn
- Frequent indigestion
- Frequent or severe stomach pain
- Frequent or severe vomiting
- Vomiting blood
- Yellow jaundice
- Bowel habit change
- Prolonged or frequent diarrhea
- Constipation
- Blood in bowel movements
- Black bowel movements
- Hemorrhoids (piles)

**SYMPTOMS (continued)**

**NOW PAST URINARY**

- Frequent urination
- Painful urination
- Bloody urine
- Trouble starting urine
- Urinate more than two times a night
- Trouble holding urine

**BONES, JOINTS, MUSCLES**

- Joint pains and swelling
- Severe lack of strength

**NERVOUS SYSTEM**

- Lack of energy
- Frequent loss of balance
- Fainting spells (blackouts)
- Convulsions (seizures, fits, epilepsy)
- Tremor (shaking, trembling)
- Paralysis
- Numbness (body parts "go to sleep")
- Nervousness
- Excessive worry
- Trouble concentrating
- Depression (feeling blue)
- Crying spells
- Feelings of worthlessness
- Trouble getting along with people

**MALES**

- Discharge from penis
- Testicles trouble
- Sexual trouble

**FEMALES**

- Breast lumps or discharge
- Unusual bleeding from vagina
- Unusual discharge from vagina
- Sexual trouble

When was your last pap smear? \_\_\_\_\_

**GENERAL**

- Unexplained weight loss or gain

PT.NO.

NAME

DOB

UNIVERSITY OF WASHINGTON MEDICAL CENTERS  
HARBORVIEW MEDICAL CENTER - UW MEDICAL CENTER  
SEATTLE, WASHINGTON

**FAMILY AND PERSONAL HISTORY  
DERMATOLOGY**



