

New Problem Visit Form – Adult

Please complete every question (Use additional forms if necessary)

First Name

Last

Date:

Reason for visit/complaint:

When did it start (date) :

What makes it better:

What makes it worse:

Describe the symptoms: (i.e. Burning, painful, scratchy, sharp, throbbing, achy, hot, tingling)

Where are the symptoms located:

How often do you have these symptoms:

What caused these symptoms to occur:

Please list anything that you think may be connected to the problem:

Please list any additional symptoms that pertain to the reason for today's visit:

**General:**  Fever  Chills  Fatigue  Night sweats  Losing weight  Decreased appetite

**Skin:**  Rash  Spots  Scabs  Discharge from skin  Red skin  Swollen  Itchy skin  Increased sweating

**Musculoskeletal:**  Joint stiffness  Pain  Weakness  Cramping  Decreased motion  Swelling  Muscle aches

**Eyes:**  Red eyes  Swollen eyes  Watery eyes  Discharge  Lashes stuck together  Yellow eyes  Blurry Vision

**Ears:**  Hearing loss  Pain  Discharge  Ringing  Room spinning

**Nose:**  Clear nasal discharge  Thick nasal discharge  Congested/stuffy nose  Bloody nose  Decreased smell

**Throat & Mouth:**  Sore throat  Scratchy  Hurts to swallow  Swollen throat  Swollen tonsils  Hoarseness

**Chest & Lungs:**  Cough  Sputum  Wheezing  Shortness of breath  Difficulty breathing with exertion

**Heart & Blood Vessels:**  Chest pain  Palpitations  Difficulty breathing  Leg swelling

**Lymph Nodes:**  Enlarged  Tender

**Gastrointestinal:**  Indigestion  Nausea  Vomiting  Constipation  Diarrhea  Dark stool  Stomach pain

**Genitourinary:**  Painful urination  Back pain  Urge to urinate  Increased frequency  Night time urination

Bloody urine  Dribbling  Decrease in force of stream  Unable to control urine

**Neuro:**  Fainting  Weakness  Loss of coordination  Numbness  Tingling  Abnormal sensation  Memory problems

**Mood:**  Depressed  Difficulty concentrating  Nervous  Anxious  Tense  Irritable  Difficulty sleeping

**Other:**

Back office use only:  Input by: