QUESTIONNAIRE: COMPLETE PHYSICAL EXAMINATION

PARK MEDICAL ASSOCIATES, LLC ◊ 10755 FALLS RD. SUITE 200 ◊ LUTHERVILLE, MD 21093

Please print this form, complete, and bring with you.

Name:	Age:	Date:	Date of last complete physical examination:
Home address:			New since last visit? No ☐ Yes ☐
Home phone #:	New? No ☐ Yes ☐	Business phone	New? No ☐ Yes ☐
Primary Ins. Co.:	Policy #:	Holder:	New? No ☐ Yes ☐
Secondary Ins. Co.:	Policy #:	Holder:	New? No ☐ Yes ☐

Please provide *all* changes *SINCE YOUR LAST COMPLETE PHYSICAL EXAMINATION*					**Date**
1	Have you visited an emergency room or urgent care center?	**No** ☐	**Yes** ☐	If Yes, for what reason?	
	For additional ER visits: Reason				
	Reason				
2	Operation performed & Reason *(include any complications related to surgery/anesthesia)*				
	1.				
	2.				
	3.				
	4.				
3	Overnight Hospitalizations *(exclude Operations listed above)*				
	1.				
	2.				
	3.				
	4.				
4	Has there been a serious accident or injury (e.g. fracture, auto accident, other) *not listed above*?	**No** ☐	**Yes** ☐	If Yes, what injuries?	
	For additional accidents or injuries				
5	Have you been treated for a significant illness (e.g. pneumonia, urinary tract infection) *not listed above*?	**No** ☐	**Yes** ☐	If Yes, what illnesses?	
	For additional illnesses				
6	Have you been pregnant *since your last physical*?	**No** ☐	**Yes** ☐	If Yes, how many times? / Live births: / Complications:	

Medications (include prescription topicals)

	Drug name	Strength	Doses/day
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Drug Allergies

	Drug name	Description of reaction
1		
2		
3		
4		

Vaccines *(since last complete physical)*

Name	No	Yes	Date
Tetanus	☐	☐	
Pneumonia	☐	☐	
Hepatitis A	☐	☐	
Hepatitis B	☐	☐	
Other			

Since your last complete physical have you had:		Date	Result
(If more than one, list only most recent)	**Colonoscopy**		
	Bone density		
	Mammogram		
	GYN examination		
	Eye examination		
	Stress test		
	****MRI/CT scan** *(indicate part of body)*		
(in the past 12 months)	****Blood work**		
	****Chest X-ray**		
	****Ekg**		

** *Bring reports if possible. (Actual films are not required.)*

Please update your "Family Medical History" by completing the next page.

FAMILY MEDICAL HISTORY

PLEASE REPORT ANY CHANGES SINCE YOU RLAST COMPLETE PHYSICAL

Name:	DOB:	Age:	Date:

IMMEDIATE FAMILY	Living? Yes	No	Age	Significant health issues (or cause of death)
☐ Mother	☐	☐		
☐ Father	☐	☐		
☐ Sister ☐ Brother	☐	☐		
☐ Sister ☐ Brother	☐	☐		
☐ Sister ☐ Brother	☐	☐		
☐ Sister ☐ Brother	☐	☐		
☐ Sister ☐ Brother	☐	☐		
☐ Sister ☐ Brother	☐	☐		
☐ Sister ☐ Brother	☐	☐		
☐ Sister ☐ Brother	☐	☐		
☐ Daughter ☐ Son	☐	☐		
☐ Daughter ☐ Son	☐	☐		
☐ Daughter ☐ Son	☐	☐		
☐ Daughter ☐ Son	☐	☐		
☐ Daughter ☐ Son	☐	☐		
☐ Daughter ☐ Son	☐	☐		
☐ Daughter ☐ Son	☐	☐		
☐ Daughter ☐ Son	☐	☐		

DISTANT RELATIVES	PLEASE REPORT ANY NEW DISEASES or SIGNIFICANT HEALTH ISSUES IN GRANDPARENTS, AUNTS, UNCLES, AND COUSINS *SINCE YOUR LAST COMPLETE PHYSICAL* (INDICATE SPECIFIC RELATIVE, *e.g. MATERNAL COUSIN*)
Cancer	
Type :	Relative(s):
Type :	Relative(s):
Type :	Relative(s):
Type :	Relative(s):
Type :	Relative(s):
Rheumatoid arthritis, gout, or other crippling arthritis *(indicate diagnosis for each relative affected)*	
Diagnosis:	Relative:
Diagnosis:	Relative:
Diagnosis:	Relative:
Serious psychiatric illness *(nervous breakdown, mental hospitalization, suicide attempt)*	
Diagnosis:	Relative:
Diagnosis:	Relative:
Diagnosis:	Relative:
Diagnosis:	Relative:
Coronary artery disease *(heart attack, angioplasty, bypass surgery).* **Indicate approximate age of onset for each relative.**	
Aneurysm:	**Stroke:**
Kidney disease:	**Peptic ulcer disease:**
Kidney stones:	**Tuberculosis:**
Diabetes:	**High blood pressure:**
Other significant diseases *(include those that "run in the family")*:	
Diagnosis:	Relative:
Diagnosis:	Relative:
Diagnosis:	Relative:
Diagnosis:	Relative:

Pre-visit instructions for laboratory tests:

► Fast after 12:00 midnight the night before the exam. ► Patients may have water, black coffee, plain tea the morning of the exam. ► Medications are to be taken as usual except for patients using insulin. ► Patients taking insulin should bring a light breakfast and their insulin. Inject insulin & eat breakfast after blood is drawn.

Thank you for helping us with this information. We look forward to seeing you.