

FAMILY MEDICINE ASSOCIATES OF ITHACA, LLP



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Name:

Date:

Family Medicine Associates
Pre Physical Questionnaire

Chief Complaint: What is your main health concern?

History of Present Illness(es): Please list all of your health concerns.

Review of Systems:

HAVE YOU HAD?

(Please circle or highlight positive responses)

Constitutional

- anxiety, body aches, chills, decreased energy, fainting, fatigue, fever, loss of appetite, not feeling well, pain, sleep disorder, sweats and weight change

Ears, Nose, Mouth, Throat

- discharge from the ears, dizziness, congestion/fullness in the ears, earaches, chronic ear infections, hearing change, hearing loss, ear pain, ringing in the ears, vertigo
- allergies, altered smell, bloody nose, chronic runny nose, congestion, frequent colds, hay fever, obstructed breathing, postnasal drip, sinusitis, snoring, trauma to the nose
- altered taste, bleeding gums, choking, chronic cough, cold sores, dental problems, fever blisters, hoarseness, voice change, mouth and tongue lesions or sores, mouth pain, pain on swallowing, salivary gland enlargement, change in sense of taste, snoring, sore throat, sore tongue, jaw pain

Eyes:

- abnormal vision, blurred vision, cataracts, discharge, drooping eyelids, dryness, flashing lights, glare/light sensitivity, glaucoma, inflammation, vision loss and watery or itching eyes

Cardiovascular

- an abnormal EKG (cardiogram), abnormal stress test, aortic valve disease, atrial fibrillation, coronary artery disease, heart attack, congestive heart

failure, Cardiology evaluation, chest discomfort, chest pain with exercise , pain in the legs with exercise, coldness/numbness of the feet, phlebitis (blood clots), edema (swelling of the legs), faintness, fatigue, heart murmur heart problems, high blood pressure, hyperlipidemia (high cholesterol), hypertension (high blood pressure), irregular heartbeat, leg pain, mitral valve disease, orthopnea (shortness of breath laying down), pacemaker, palpitations, poor exercise tolerance, racing heart, rheumatic heart disease shortness of breath, syncope (fainting) or valvular heart disease

Respiratory:

- asthma, bronchitis, COPD (chronic lung disease), cough, emphysema, coughing up blood, history of pulmonary embolism (lung blood clot), pneumonia, pneumothorax (air outside the lung), sleep apnea (stop breathing during sleep), shortness of breath, snoring, tuberculosis or wheezing

Gastrointestinal:

- abdominal pain, abdominal swelling, appetite change, black stools, bloody stools, bowel incontinence, change in bowel habits, family history of colon cancer, constipation, diarrhea, diverticulitis, diverticulosis, early satiety (full after eating small amount of food), excessive burping, gas/bloating, heartburn, hemorrhoids, hepatitis, hernia, irritable bowel syndrome, indigestion, intestinal disease, jaundice, regular use of laxatives, mucus in stools, nausea, painful swallowing, reflux, stomach ulcers or vomiting

Genitourinary:

- Women

abdominal/pelvic pain, bloating, breakthrough bleeding, decreased sexual interest, infertility, menstruation problems, any sexual problem, vaginal problems, vulvar lesions, yeast infections

- Men

decreased sexual interest, flank pain, groin pain/tenderness, penile discharge, prostatitis, prostate cancer, sexual dysfunction, change in testicular size, testicular mass, testicular pain or venereal disease

Musculoskeletal :

- ankle pain, arm pain, arthritis, back pain, foot pain, hand pain, herniated disc, knee pain, leg cramps, leg pain, muscle pain, neck pain, numbness, paralysis, paresthesia, rheumatoid arthritis, shoulder pain, trouble walking, weakness or wrist pain

Skin:

- skin symptoms, acne, skin cancer, eczema, warts, growths, itchy skin, melanoma, moles, psoriasis, hair loss, thinning hair or nail symptoms

Neurological:

- ataxia, blackout, clumsiness, confusion, depression, disorientation, drug or alcohol dependency, headache, migraine headaches, head injury, inability to concentrate, incoordination, involuntary movement, memory lapses, multiple sclerosis, nervous disorders, numbness, paralysis, Parkinson's disease, seizures, stroke, transient ischemic attack, tingling, tremor or weakness

Psychiatric:

- Attention Deficit Disorder, agitation, alcoholism, anxiety, bipolar disorder, frequent crying, depression, flight of ideas, hallucinations, insomnia, memory loss, mental illness, mood changes, panic disorder, personality change, racing thoughts, sleep pattern disturbance, substance abuse, suicidal thoughts, having a suicidal plan or stress

Endocrine:

- diabetes, excessive thirst, excessive urination, excess facial hair, hormone problems, hot flashes, increased appetite, intolerance to heat,

intolerance to cold, obesity, thyroid disease and thyroid enlargement

Blood:

- anemia, bleeding/clotting disorder, blood disease, blood transfusions, enlarged lymph nodes, sickle cell anemia, excessive bleeding, excessive bruising, excessive exposure to x-rays, excessive exposure to toxic agents and radiation treatment of any kind
- leukemia, lymphoma, or persistent swollen glands

Allergy/Immunology:

- allergies (food or environmental), HIV, hives, immunologic disorders, latex allergy, nasal congestion, radiocontrast media reaction or sneezing

Please list your medications and dosage:

Please list your allergies to medication:

Please list your past Surgeries and Hospitalizations (with approximate dates):

Please list medical problems in your family:

Father:

Mother:

Brothers and Sisters:

Other important family medical history:

Social History:

Smoking habit?

Alcohol consumption?

Occupation?

Routine Health Exams:

If applicable, please give approximate dates of:

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Routine Health Exams:

If applicable, please give approximate dates of:

Men

- prostate exam
- psa test (prostate specific antigen blood test)
- colonoscopy
- cholesterol level
- stool occult blood test

Women

- Pap/pelvic exam
- breast exam
- mammogram
- colonoscopy
- cholesterol level
- DEXA scan (bone density)
- stool occult blood test