

**WASHINGTON MEDICAL GROUP, P.C.**

**Follow Up Questionnaire**

**\*Please print clearly.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

Specific reason for visit (max 2): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last Physical Examination: \_\_\_\_\_

Date of last Menstrual Cycle if applicable: \_\_\_\_\_

When did symptoms begin (Date of Onset): \_\_\_\_\_

Current medications, dosage and direction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Tobacco usage: y/n \_\_\_\_\_ How much: \_\_\_\_\_

Alcohol usage: y/n \_\_\_\_\_ How much: \_\_\_\_\_

Employment: \_\_\_\_\_

Highest level of education: \_\_\_\_\_

Any change of address or telephone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Review of Systems

**\*Please circle any current symptoms you are experiencing for each category.**

Constitutional	Fever, chills, anorexia, excessive sweats, fatigue, general weakness
Eyes	Pain, discharge, irritation from bright lights, vision loss, double vision
Ears, nose, throat	Congestion, sinus pain, ear pain, hoarseness, sore throat
Neck	Neck pain, stiffness, swelling, enlarge lymph nodes
Lungs	Shortness of breath, cough, productive sputum, wheezing, chest pain with breathing, coughing up blood
Heart	Chest pain, difficulty breathing with exertion, difficulty breathing at night, rapid heart beating
Gastrointestinal	Abdominal pain, nausea, vomiting, diarrhea, constipation, black stool, blood in stool, hemorrhoids
Urinary	Pain with urination, frequent urination, urgent urination, blood in urine, loss of control, urination while sleeping
Gynecological	Vaginal bleeding, vaginal discharge, painful intercourse, pregnancy
Skin	Hives, itching, rash, redness
Blood	Easy bruising, prolonged bleeding, swollen lymph glands
Hormonal	Thirsty, weight gain or loss, intolerance to heat
Muscles	Back pain, flank pain, joint pain, muscular pain
Neurological	Headache, dizziness, spinning, numbness, tingling, focal weakness, confusion, memory loss, slurred speech, clumsiness, frequent falls, seizures
Psychological	Stress, anxiety, depression, suicidal, homicidal, hallucinations, paranoid

Signature: \_\_\_\_\_ Date: \_\_\_\_\_