



Charisse Litchman, MD

## NEW PATIENT QUESTIONNAIRE

Patient Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: H# \_\_\_\_\_ C# \_\_\_\_\_

Emergency Contact \_\_\_\_\_

### PRIMARY CARE AND REFERRING PHYSICIAN(S)

Physician Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

### SOCIAL HISTORY

Single  Married  Divorced  Widowed  Partnered

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

Employment/Occupation \_\_\_\_\_

### CURRENT MEDICAL PROBLEM

What problem brought you here? \_\_\_\_\_

When did your symptoms start? \_\_\_\_\_

### SURGICAL HISTORY

Procedure

Year

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

GYNECOLOGICAL HISTORY (For Women Only)

Last Menstrual period:\_\_\_\_\_

Pregnancies\_\_\_ Miscarriages\_\_\_

MEDICATIONS

Name	Dose	How many times a day	Start date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HABITS

Cigarettes: \_\_no \_\_yes \_\_\_\_\_ packs per day

Alcohol: \_\_no \_\_yes \_\_\_\_\_ drinks per day

Other substances (marijuana, cocaine, etc...) \_\_no \_\_yes

PAST MEDICAL ILLNESSES

\_\_\_Stroke

\_\_\_Dementia

\_\_\_Seizures or Epilepsy

\_\_\_Peripheral neuropathy

\_\_\_Head Injury

\_\_\_Hypertension (high blood pressure)

\_\_\_Heart attack

\_\_\_Depression

\_\_\_Heart Failure

\_\_\_Irregular heart beat

\_\_\_Diabetes

\_\_\_High cholesterol

\_\_\_Asthma or COPD

\_\_\_Cancer

\_\_\_Hepatitis

\_\_\_Anxiety

FAMILY HISTORY

Mother\_\_\_\_\_

Father\_\_\_\_\_

Brothers\_\_\_\_\_

Sisters\_\_\_\_\_

Maternal Grandmother\_\_\_\_\_

Maternal Grandfather\_\_\_\_\_

Paternal Grandmother\_\_\_\_\_

Paternal Grandfather\_\_\_\_\_

## REVIEW OF SYSTEMS

### MUSCULOSKELETAL

Joint pain  
Joint stiffness  
Joint swelling  
Back pain  
Neck pain  
Cold extremities

### CONSTITUTIONAL

Fever  
Night sweats  
Weight Gain  
Weight Loss

### EAR/NOSE/THROAT

Hearing loss  
Discharge from ears or nose  
Dizziness  
Vertigo

### PSYCHIATRIC

Low Mood  
Fear  
Panic Attacks  
Sadness  
Visual/Auditory Hallucinations

### RESPIRATORY

Cough  
Wheezing  
Shortness of breath

### CARDIOVASCULAR

Chest pain  
Irregular heart beat  
Palpitations  
Swelling of extremities

### ENDOCRINE

Heat or cold intolerance  
Increase thirst  
Increased urination

### HEMATOLOGIC

Enlarged nodes  
Bleeding tendency  
Increased bruising  
Anemia

### GASTROINTESTINAL

Loss of Appetite  
Diarrhea  
Constipation  
Blood in stools  
Nausea  
Reflux  
Abdominal Pain

### NEUROLOGIC

Headache  
Weakness  
Stiffness  
Numbness  
Seizures  
Tingling  
Difficulty chewing  
Choking  
Difficulty walking  
Falls  
Tremors  
Memory loss  
Confusion

### EYES

Change in vision