



CLINIC

The Internal Medicine Clinic

Phone: (256)-715-9598

Fax: (256)-857-1257

www.imclinic.org

420 Lowell Dr. SE, Suite 105
Huntsville, AL 35801



History and Physical

Name Date of Birth (mm/dd/yyyy) Date

Previous Primary Care Doctor (if transferring from another practice)

Doctor / Practice Name Address Phone
Fax

Pharmacy and Diagnostic Location Preference

Pharmacy preference <input type="checkbox"/> Quest <input type="checkbox"/> LabCorp <input type="checkbox"/> HH <input type="checkbox"/> Crestwood <input type="checkbox"/> Other Specific which location:	Lab <input type="checkbox"/> Quest <input type="checkbox"/> LabCorp <input type="checkbox"/> HH <input type="checkbox"/> Crestwood <input type="checkbox"/> Other Specific which location:	Imaging <input type="checkbox"/> Outpatient Diagnostic <input type="checkbox"/> Huntsville Hospital / Med-Mall <input type="checkbox"/> Crestwood <input type="checkbox"/> Other:
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Allergies to foods or medicines (indicate what happens)

No Known Food or Drug Allergies

Medications

Name Dosage Prescriber Reason for taking

Vaccinations & Dates Given

Social History

Family History

My **mother** is Living Deceased
 If deceased, cause of death?
 Heart Disease, what age?
 Cancer, what kind and what age?
 Diabetes High blood pressure High cholesterol
 Other:

My **father** is Living Deceased
 If deceased, cause of death?
 Heart Disease, what age?
 Cancer, what kind and what age?
 Diabetes High blood pressure High cholesterol
 Other:

Other:

Smoking Status

Never Smoker Former Smoker, age start to stop?
 Current Smoker, Age started? How many PPD?

Live: Alone with others Institution, which?

Hearing and Sight: Deaf Legally Blind

Alcohol intake: None Occasional Moderate Heavy

Advance Directive: Yes No

Occupation: Currently Employed Yes No

Able to care for self: Yes No

Exercise: None Occasional Moderate Heavy

Ambulatory Status:

Independent Walker Wheelchair Bedbound

Signature

Date



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Medical History

Other specialist you see:

Surgical & Procedural History

Prior hospitalizations (non-surgical)

Review of Symptoms

Circle all that apply recently.

- Constitutional:** Chills, Fevers
- Eyes:** change in vision, oculodysmetria
- ENT:** nasal congestion, sore throat, difficulty swallowing
- Endocrine:** excessive urination
- GI:** abdominal tenderness, hematochezia, melena
- GU:** dysuria, hematuria
- Cardiac:** heart racing or skipping beats, swelling, angina

- MSK:** joint effusion, muscular atrophy
- Skin:** rashes, changing or worrisome moles
- Neuro:** localized weakness, dizziness
- Psych:** hallucinations, mood swings
- Heme/Lymph:** easy bleeding, unexplained bruising
- Allergy/Immunology:** hay fever, runny nose
- Respiratory:** dyspnea, wheeze, cough

Other:

Signature

Date