



College Park Family Care Center, P.A.

COMPLETE PHYSICAL SURVEY

Patient Name: _____ DOB: _____ Date: _____

Please circle any problems listed below that you have been experiencing

EYES: BLURRED VISION, DOUBLE VISION, BLIND SPOTS, PAIN, REDNESS, EXCESSIVE TEARING OR DRYNESS

EARS: HEARING LOSS, RINGING, PAIN, DRAINAGE, SPINNING SENSATIONS

NOSE: RUNNY NOSE, DISCOLORED DRAINAGE, CONGESTION, SNEEZING, ITCHING, BLEEDING

MOUTH: BLEEDING GUMS, TOOTHACHE, SORE THROAT, COLD SORES OR CANKER SORES

THROAT: HOARSENESS, LUMPS,

CARDIOVASCULAR:

CHEST PAIN OR PRESSURE, IRREGULAR HEART BEATS, SHORTNESS OF BREATH (SOB), LEG SWELLING, LEG PAINS THAT OCCUR REPEATEDLY AFTER WALKING SHORT DISTANCES, SPELLS OF WEAKNESS OR NUMBNESS ON ONE SIDE OF THE BODY OR LOSING VISION IN ONE EYE TEMPORARILY, FAINTING SPELLS OR NEAR FAINTING SPELLS

RESPIRATORY:

SHORTNESS OF BREATH, WHEEZING, DRY COUGH, PRODUCTIVE COUGH, OR COUGHING UP BLOOD

GASTROINTESTINAL:

ABDOMINAL PAIN, NAUSEA, VOMITING, DIARRHEA, CONSTIPATION, HEARTBURN, BURNING IN STOMACH AFTER MEALS, DIFFICULTY SWALLOWING, FEELING FULL AFTER EATING VERY LITTLE, LOSS OF APPETITE, BLOOD IN STOOL OR BLACK STOOLS

GENITOURINARY:

PAINFUL URINATION, INCREASED SENSE OF URGENCY TO URINATE, INCREASED FREQUENCY, BLOOD IN URINE, URINATION MORE THAN ONCE A NIGHT, INCONTINENCE, WEAK STREAM OR DIFFICULTY STARTING STREAM

SKIN:

ACNE, RASH, LUMPS, CONCERNING MOLES, NEW LESIONS, OR NAIL PROBLEMS

NEUROLOGICAL:

HEADACHES, UNUSUAL WEAKNESS, TREMORS, TICS OR INVOLUNTARY MOVEMENTS, NUMBNESS OR TINGLING, BURNING OR PAINFUL SENSATIONS, DIFFICULTY WITH BALANCE, SEIZURES, MEMORY PROBLEMS, DIZZINESS

MUSCULOSKELETAL:

UNEXPLAINED MUSCLE PAIN, CRAMPS, WEAKNESS; ANY JOINT PAINS, SWELLING OR STIFFNESS? IF YES, WHERE?

SLEEP:

PROBLEMS GETTING TO SLEEP, STAYING ASLEEP; SLEEPING TOO MUCH
SNORING LOUDLY, LONG PERIODS WITHOUT TAKING A BREATH WHILE SLEEPING
UNCOMFORTABLE SENSATIONS IN LEGS USUALLY IN THE EVENING OR AT BEDTIME ACCOMPANIED BY AN IRRESISTABLE URGE TO MOVE THE LEGS

ENDOCRINE:

UNQUENCHABLE THIRST OR HUNGER, NEED TO URINATE ON HOURLY BASIS, HEAT OR COLD INTOLERANCE, UNINTENDED WEIGHT LOSS OR WEIGHT GAIN, LACK OF ENERGY, UNWANTED HAIR LOSS OR HAIR GROWTH

Patient Name: _____ DOB: _____

Date: _____

Complete Physical Survey continued...

PSYCHIATRIC:

PROBLEMS WITH CONSTANT WORRY, RESTLESSNESS, ANXIETY;
FEAR OF PUBLIC SPEAKING OR OTHER PHOBIAS;
PROLONGED PERIODS OF SADNESS, LOSS OF FEELING OF ENJOYMENT, FREQUENTLY FEELING GUILTY,
UNEXPLAINED CRYING SPELLS, SUFFER FREQUENT THOUGHTS ABOUT SUICIDE OR HOMICIDE OR
DWELLING ON DEATH;
LACK OF ENERGY, CAN'T GET OUT OF BED, LOSS OF APPETITE, CONSTANT HUNGER;
EXPERIENCE MOOD SWINGS, IRRITABILITY OR ANGER PROBLEMS;
RACING THOUGHTS, EXPERIENCE UNEXPLAINED BURSTS OF ENERGY, GO THROUGH PERIODS WHERE YOU
REQUIRE VERY LITTLE SLEEP;
SHORT ATTENTION SPAN, DIFFICULTY FINISHING PROJECTS, DISORGANIZED, FREQUENTLY LOSE THINGS
FREQUENT OBSESSING, COMPULSIVE CHECKING, ARRANGING, COUNTING, CLEANING
EXPERIENCE PROBLEMS WITH HEARING VOICES OR SEEING OBJECTS THAT AREN'T ACTUALLY THERE,
SUFFER FROM PARANOIA;
STRUGGLE WITH EXCESSIVE ALCOHOL OR ILLICIT DRUG USE

HEMATOLOGIC/LYMPHATIC:

UNUSUALLY EASY BRUISING, BLEEDING, UNEXPLAINED NOSEBLEEDS, SWOLLEN LYMPH NODES IN NECK,
ARMPITS, OR GROIN

ALLERGIC/IMMUNOLOGIC:

HIVES, WHEEZING, CHRONIC COUGH , RECURRENT SINUS INFECTIONS, SNEEZING SPELLS, NOSE OR
THROAT ITCHING, RUNNY NOSE

MALE REPRODUCTIVE:

PENILE DISCHARGE, PENILE GROWTHS, SORES OR LESIONS, BLOOD IN SEMEN, PROBLEMS WITH
ERECTIONS, TESTICULAR PAIN OR LUMPS, LOW SEX DRIVE OR INFERTILITY

FEMALE REPRODUCTIVE:

IRREGULAR PERIODS, HEAVY PERIODS, SPOTTING, PAINFUL PERIODS, PAINFUL INTERCOURSE, PELVIC PAIN,
VAGINAL DISCHARGE, HOT FLASHES, VAGINAL DRYNESS, BREAST PAIN OR LUMPS , BREAST SKIN CHANGES,
NIPPLE CHANGES OR DISCHARGE, PROBLEMS WITH SEX DRIVE OR FERTILITY

LIST OTHER PROBLEMS NOT LISTED ABOVE HERE: