

COLLEGE PARK FAMILY CARE CENTER
ADULT GENERAL HEALTH UPDATE
(Ages 13 and up)

Name _____ DOB _____ Date _____

SINCE YOUR LAST APPOINTMENT:	YES	NO
1. Have you developed any new or serious medical problems? If yes, explain briefly: _____	_____	_____
2. Have you been started on any new medications? Please name _____	_____	_____
3. Have you had any major surgery?	_____	_____
4. Have you had any reactions to medications? If so, please describe: _____	_____	_____

SINCE YOUR LAST APPOINTMENT (<u>circle one</u> , if applicable)	YES	NO
CONSTITUTIONAL (fatigue, 10 pounds or greater weight GAIN or LOSS)	_____	_____
EYES (glaucoma, cataracts, other major problems)	_____	_____
ENT (hoarseness, deafness, vertigo, other)	_____	_____
CARDIOVASCULAR (high blood pressure, chest pains, heart/circulation problems)	_____	_____
LUNGS (pneumonia, breathing problems, TB)	_____	_____
GASTROINTESTINAL (colitis, irritable bowel syndrome, reflux/heartburn, gas, bloating, loose stools, stomach or duodenal ulcer, liver problems, diverticulitis)	_____	_____
GU (male problems/prostate, kidney problems/dialysis, female problems, other)	_____	_____
MUSCULOSKELETAL (arthritis, fractures, osteoporosis, other)	_____	_____
INTEGUMENTARY (breast cancer, skin cancer, other cancer)	_____	_____
NEUROLOGICAL (stroke, seizures, migraines, significant headache problems, multiple sclerosis, other)	_____	_____
PSYCHIATRIC (depression, anxiety, emotional/psychological problems, phobias)	_____	_____
ENDOCRINE (diabetes, thyroid, adrenal)	_____	_____
IMMUNOLOGIC (immune deficiency, lupus, Sjogren's syndrome, AIDS/HIV)	_____	_____
SKIN (allergy, rashes, hives, dry skin)	_____	_____
SOCIAL HISTORY (major life changes, stress) <u>Briefly state:</u>		