

FIRST NAME:

LAST NAME:

DOB:

/ /

 New Patient
  Follow- Up (existing patient)
  Pre-Op Patient
  Post- Op Patient
  Lab Draw
  Annual Exam

**Please complete ALL sections thoroughly. Sign below & turn in.**

**GENERAL**

Fatigue (R53.83)? YES / NO
Do you carry fat around your belly/hips? YES / NO
Hypertension/high blood pressure (I10)? YES / NO
Decreased libido (R68.82)? YES / NO
Anemic/low iron (D64.9)? YES / NO
Dry Mouth(R68.2)? YES/ NO
Crave sugar after a meal (R63.2)? YES /NO
Hair thinning or brittle nails? (L64.9) YES / NO
Mood Swings (F34.8)? YES / NO
Infertility? MALE (N46.9) FEMALE (N97.9) (YES / NO
Headaches? (G44.229) YES / NO
Frequent Sadness (F32.8)? YES / NO
Female Hot Flashes (R23.2)? YES / NO
Difficulty Focusing (F90.9)? YES / NO
Diabetic? Type 1 (E10.9) Type 2 (E11.9)
Excessive sleep (G47.9)? YES / NO
Excessive/ Frequent periods (N92.1)? YES / NO
Constipation (K59.04)? YES / NO
Joint Pain? (M25.50) YES / NO
Back pain? (M54.89) YES / NO
Abdominal pain (R10.9)? YES / NO
Irritable bowels? (K58.9) YES / NO

**PRE-OP 201.810, 811, 818 POST- OP 248.89**

Surgery Date:
Surgery Body Part:
Any post-op symptoms or complications?

**SLEEP: How likely are you to doze off during the below situations?**

<i>O= NEVER 1= SLIGHT 2= MODERATE 3= HIGH</i>			
Sitting inactive in public (theatre or meeting)?	0	1	2 3
As a passenger for an hr. without a break?	0	1	2 3
Lying down to rest in afternoon?	0	1	2 3
Sitting and talking to someone?	0	1	2 3
Sitting quietly after lunch without alcohol?	0	1	2 3
In a car, stopped for a few minutes in traffic?	0	1	2 3
Watching TV? Sitting & Reading?	0	1	2 3

**URINARY (will be asked to provide a urine sample for testing)**

Pain when urinating (R30.9)? YES / NO	Discomfort? YES / NO
Pain during sex (R52)? YES / NO	Cloudy Urine? YES / NO
Burning when urinating? YES / NO	Dark Urine? YES / NO
Itching? YES / NO	Bloody Urine? YES / NO

**RESPIRATORY / ALLERGY / PULMONARY****(you will be asked to provide a sample for testing)**

Shortness of breath? YES / NO	Fever or chills? YES / NO
Minor or major coughing? YES / NO	Abnormal fatigue? YES / NO
Swollen lymph nodes? YES / NO	Abnormal phlegm? YES / NO
Experiencing wheezing? YES / NO	Congestion? YES / NO

**MONITORING / TOXICOLOGY 279.899, 251.81, R53.82**

Pre-Op for surgery? (Z01.818) YES / NO
Currently taking any medications? (Z79.899) YES / NO
History of adverse drug reactions? YES / NO
History of substance abuse? YES / NO
Post- OP Medication refill? YES / NO

**ORDER**

<i>O Labs</i>	<i>O Pre-Op</i>	<i>O Post-Op</i>	<i>O Culture</i>
<i>O Wound</i>	<i>O RPP</i>	<i>O UTI</i>	<i>O Tox</i>
<i>O DVT</i>	<i>O Sleep</i>	<i>O Stress Test</i>	<i>O EEG</i>
<i>O EKG</i>	<i>O X- Ray</i>	<i>O Rx</i>	

Patient Signature:

Physician Signature: