## Allergy, Asthma, Immunology & Rheumatology Institute Kristin L. Bussey-Smith, MD

Name		Date of birth	Date	
Please circle any sy	<mark>ymptoms</mark> you have exp	erienced recently.		
CONSTITUTIONAL:		MUSCULOSK	MUSCULOSKELETAL:	
O no complaints	O fever	O no complaints		
O chills	O night sweats	O joint pain		
O fatigue		O joint swelling		
			O joint stiffness	
Eyes, Ears, Nose & Throat:			O worse in the morning	
O no complaints	O dry eyes		O worse in the evening	
O watery eyes	O itchy eyes	O improved with activity		
O nasal congestion O nasal ulcers	O sinus pressure O dry mouth		O improved with rest O muscle aches	
O oral ulcers	O ary mount O sore throat		O other	
O other	O sole tilloat	O other	O other	
		<b>NEURO:</b>		
CARDIOVASCULA	AR:	O no complain	ts O headache	
O no complaints		O seizures	O seizures O weakness	
O chest pain		O sensation ab	O sensation abnormalities O other	
O palpitations				
O racing heart rate		HEME:		
O other		O no complaints		
DIVINONA DIV		O easy bruising		
PULMONARY:	O -1		O history of blood clots (DVT) O other	
O no complaints	O shortness of breath	O otner		
O wheezing O pleurisy	O cough O other	I VMDHATIC	LYMPHATICS:	
Opicurisy	•		O no complaints	
GASTROINTESTINAL:			O swollen lymph nodes	
O no complaints	O nausea	O swonen tym	o swotten tytipii nodes	
O vomiting	O diarrhea	ENDOCRINE	ENDOCRINE:	
O constipation	O abdominal pain	O no complain		
O heartburn	O other	O heat intolera		
		O cold intolera	nce	
GENITAL/URINARY:			O unexpected weight loss	
O no complaints		O unexpected v	O unexpected weight gain	
O painful urination				
O blood in urine		DERM:		
O frequent urination		O no complain		
O previous miscarriage(s) O other		O hives	O sun sensitivity	
O otner		O psoriasis	O other	
<b>PSYCHIATRIC:</b>		SLEEP:		
O no complaints			O no complaints	
O depression O problems sleeping				
O anxiety		O snoring		
O panic attacks		_	O excessive sleepiness during the day	
Oother			Oother	

## Allergy, Asthma, Immunology & Rheumatology Institute Kristin L. Bussey-Smith, MD

## NEW PATIENTS DO NOT NEED TO COMPLETE THIS PAGE

If you are a returning patient, please provide updated information below: Please list your current medications. We must reconcile your current medication list with what we have on file. (Do not write "same" or "on file." Please list details.) (Examples: Prednisone 10mg tablet; two tablets twice a day. Flonase 2 sprays/nostril; once a day.) Since your last visit, have you developed any new medical problems, had any surgeries, or had any new medical problems develop in one of your family members? Please provide the updated information below.