EMORY
CLINIC
FAMILY MEDICINE

Today I will need a:

☐ School/Work Excuse
☐ Medication Refill
☐ New Referral
☐ Form Completed

Has your pharmacy changed: ☐ Yes ☐ No
If yes please provide the following information:
Pharmacy Name and _____
Address _____

What brings you in today?
☐ Routine (follow-up or chronic care) ☐ Well (Physical or screening) ☐ Sick (active symptoms/new problem)*
***If sick, please list symptoms or questions you would like to discuss during your visit:**
(Circle the most important to you)

1. _____
2. _____
3. _____
4. If you were to choose one thing to improve in your health this month, what would it be?
   _____

Are you currently experiencing the following symptoms?		
General	Fever, chills, weight loss or fatigue	☐ Yes ☐ No
ENT	Nasal congestion or sore throat	☐ Yes ☐ No
Eyes	Change in vision or blurred vision	☐ Yes ☐ No
Lungs	Cough, shortness of breath or difficulty breathing	☐ Yes ☐ No
Heart	Chest pain or palpitations	☐ Yes ☐ No
GI	Nausea, vomiting, change in bowel habits	☐ Yes ☐ No
Urologic/ Gynecologic	Painful urination or urinary frequency Do you have penile of vaginal discharge? Any breast pain, lump or discharge? Have you had recent changes with your menstrual period? What was the date of your last menstrual period?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A _____
Neurological	Numbness, tingling, weakness, or headaches	☐ Yes ☐ No
Endocrine/ Diabetes	Do you monitor your blood sugar? If so, are they running less than 120 before meals?	☐ Yes ☐ No ☐ Yes ☐ No
Preventive Care	Have you been hit, kicked, punched or otherwise hurt by someone within the past year? If so by whom?_____ Do you feel safe in your current relationship? Is there a partner from a previous relationship who if making you feel unsafe now? Have you had a preventive visit in the last 12 months?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No
Skin	Are there any changes in your skin (rash or moles)	☐ Yes ☐ No
Musculoskeletal	Do you have any joint pain or swelling?	☐ Yes ☐ No
Depression Screening	During the past month, have you felt down, depressed or hopeless During the past month, have you felt little interest or pleasure	☐ Yes ☐ No ☐ Yes ☐ No