Tamara Brown, MD
5835 Campbellton Road SW, Suite 201, Atlanta, GA 30331
(P) 404-696-4141 (F) 404-696-4166

Confidential

Patient Name ____ Today's Date _______________
Age________ Birthday______________ Date of last physical examination_________________________
What is the reason for your visit?____

Symptoms

Check (✓) conditions you currently have or had in the past year.

GENERAL	GASTROINTESTINAL	EYE, EAR, NOSE,THROAT
☐ Chills	☐ Appetite poor	☐ Bleeding gums
☐ Depression	☐ Bloating	☐ Blurred vision
☐ Dizziness	☐ Bowel changes	☐ Difficulty swallowing
☐ Fainting	☐ Constipation	☐ Earache
☐ Fever	☐ Diarrhea	☐ Ear discharge
☐ Forgetfulness	☐ Gas	☐ Hay fever
☐ Headache	☐ Hemorrhoids	☐ Hoarseness
☐ Loss of Sleep	☐ Indigestion	☐ Loss of hearing
☐ Loss of weight	☐ Nausea	☐ Nosebleeds
☐ Nervousness	☐ Rectal bleeding	☐ Persistent cough
☐ Numbness	☐ Stomach pain	☐ Ringing in ears
☐ Sweats	☐ Vomiting blood	☐ Sinus problems

MUSCLE/JOINT/BONE		CARDIOVASCULAR	SKIN
Pain, Weakness, Numbness In:		☐ Chest pain	☐ Bruise easily
☐ Arms	☐ Hips	☐ High blood pressure	☐ Hives
☐ Back	☐ Legs	☐ Irregular heart beat	☐ Itching
☐ Feet	☐ Neck	☐ Low blood pressure	☐ Change in moles
☐ Hands	☐ Shoulders	☐ Poor circulation	☐ Rash
		☐ Rapid heart beat	☐ Scars
GENITO-URINARY		☐ Swelling of ankles	☐ Sore that won't heal
☐ Blood in Urine		☐ Varicose veins	
☐ Frequent Urination			
☐ Lack of Bladder Control			

MEN ONLY	WOMEN ONLY	
☐ Painful Urination	☐ Abnormal Pap Smear	☐ Vaginal discharge
☐ Breast lump	☐ Bleeding between periods	☐ Other
☐ Erection difficulties	☐ Breast lump	Date of last menstrual period________
☐ Lump in testicles	☐ Extreme menstrual pain	Date of last Pap Smear ______________
☐ Penis discharge	☐ Hot flashes	Have you had a mammogram?_______
☐ Sore on penis	☐ Nipple discharge	Are you pregnant?_________________
☐ Other	☐ Painful Intercourse	Number of children________________

CONDITIONS

Check (✓) conditions you currently have or had in the past year.

☐ AIDS	☐ Chemical Dependency	☐ High Cholesterol	☐ Prostate Problem
☐ Alcoholism	☐ Chicken Pox	☐ HIV Positive	☐ Psychiatric Care
☐ Anemia	☐ Diabetes	☐ Kidney/Liver Disease	☐ Stroke
☐ Anorexia	☐ Emphysema	☐ Measles	☐ Suicide Attempt
☐ Appendicitis	☐ Epilepsy	☐ Migraine Headaches	☐ Thyroid Problems
☐ Arthritis	☐ Glaucoma	☐ Miscarriage	☐ Tonsillitis
☐ Asthma	☐ Gonorrhea	☐ Mononucleosis	☐ Tuberculosis
☐ Bleeding Disorders	☐ Gout	☐ Multiple Sclerosis	☐ Typhoid Fever
☐ Bronchitis	☐ Heart Disease	☐ Mumps	☐ Ulcers
☐ Bulimia	☐ Hepatitis	☐ Pacemaker	☐ Vaginal Infections
☐ Cancer	☐ Hernia	☐ Pneumonia	☐ Venereal Disease
☐ Cataracts	☐ Herpes	☐ Polio	☐ Other