Avera Medical Group Internal Medicine
Plaza 2
1301 S. Cliff Ave., Suite 400
Sioux Falls SD 57105
605-322-5750

Name: _____ Age:_____ Birthdate:_____

What is the reason for today's visit? _____

Pharmacy name: _____

Symptoms you have experienced lately (Please Circle)

Chills
Fainting
Fever
Loss of sleep
Loss of weight
Weight gain
Anxiety
Depression
Chemical dependency
Sweats
Difficulty swallowing
Earache
Ear discharge
Hoarseness
Loss of hearing
Nosebleeds
Ringing in ears
Sinus problems
Blurred vision
Double vision
Visual flashes/halos
Hay fever

Bleeding problems
Clotting problems
Bruise easily
Change in moles
Itching
Rash
Sore won't heal
Chest pain
Irregular heart beat
High blood pressure
Low blood pressure
Poor circulation
Rapid heart beat
Swelling of ankles
Dizziness
Forgetfulness
Headache
Numbness
Shaking
Blood in urine
Frequent urination
Lack of bladder control

Painful urination
Urgency of bladder
Cold intolerance
Coughing up blood
Shortness of breath
Coughing
Wheezing
Fracture
Appetite poor
Bloating
Bowel habit changes
Constipation
Diarrhea
Gas
Heartburn
Hemorrhoids
Nausea
Rectal bleeding
Stomach pain
Vomiting
Vomiting blood

Pain, weakness in:

Arms Hips
Back Legs
Feet Neck
Hands Shoulders
OTHER (Please list):
_____
_____

MALE

Discharge
Testicular mass
Testicular tenderness

FEMALE

Bleeding between periods
Breast lump
Extreme menstrual pain
Hot flashes
Nipple discharge
Painful intercourse
Vaginal discharge

Date of last:

Colonoscopy:_____ Pap smear:_____ PSA:_____ Mammogram: _____

Family History

Diabetes _____
Cancer_____
Heart disease _____
Stroke _____
Kidney disease _____
Asthma _____
Autoimmune _____
Hypertension _____
Hyperlipidemia_____
Other _____

Social History

Smoking_____
Alcohol use _____
Illicit Drugs_____
Marriage status _____
Children _____
Occupation _____

Power of Attorney _____
Code Status/Living Will? _____

Time:_____ Date:_____ Patient Signature: _____

Health History