Weill Cornell Medicine

Joan and Sanford I. Weill Department of Medicine

INSTRUCTIONS: **PLEASE FILLOUT THE BELOW INFORMATION AND GIVE THIS FORM TO THE MEDICAL ASSISTANT OR NURSE UPON YOUR ARRIVAL INTO THE EXAM ROOM. *THANK YOU*.**

Date: _____ ***MRN:*** _____
(TO BE COMPLETED BY FRONT DESK)

Client Information (Please Print)

Last Name: _____ First Name: _____

Date of Birth: _____
(Month/ Day/ Year)

Provider Information

Specialty/Provider:

Pulmonary & Critical Care ☐ **Lester Blair, MD** ☐ **David Weir, MD**

Review of Symptoms (Please Check All That Apply)

Constitutional

☐ Weight change ☐ Fever ☐ Chills ☐ Night sweats ☐ Poor appetite
☐ Fatigue ☐ Insomnia/ Difficulty sleeping ☐ None

Eyes

☐ Pain ☐ Discharge ☐ Dryness ☐ Vision change ☐ None

Ears/Nose/Mouth/Throat

☐ Hearing loss ☐ Tinnitus/Ringing in ears ☐ Ear pain ☐ Ear discharge ☐ Nosebleeds
☐ Runny nose ☐ Post Nasal Drip ☐ Nasal congestion ☐ Mouth lesions ☐ Sore throat
☐ Painful swallowing ☐ None

Cardiovascular

☐ Chest pain ☐ Palpitations ☐ Passing out ☐ Edema/Swelling ☐ Leg cramps
☐ Lightheadedness ☐ Calf pain while walking ☐ Waking at night gasping for air
☐ Inability to lay flat due to shortness of breath ☐ Decreased exercise tolerance ☐ None

Respiratory

☐ Loud snoring ☐ Cough ☐ Coughing up blood ☐ Wheezing ☐ Sputum
☐ Daytime drowsiness ☐ Shortness of breath ☐ Breathing stopped while sleeping ☐ None

Gastrointestinal

☐ Reflux ☐ Nausea ☐ Vomiting ☐ Abdominal Pain ☐ Diarrhea
☐ Constipation ☐ Heartburn/Indigestion ☐ Vomiting Blood ☐ Dark, black stools ☐ Jaundice
☐ None

Musculoskeletal

☐ Joint Pain ☐ Muscle Pain ☐ Fractures ☐ Bone Pain ☐ None

Genitals/Urinary

☐ Painful urination ☐ Urinary incontinence ☐ Urinating at night ☐ Increased Urinary frequency
☐ Urinary urgency ☐ Blood in urine ☐ Penile discharge ☐ Erectile dysfunction ☐ Genital lesions
☐ Vaginal bleeding ☐ Vaginal discharge ☐ Cessation of menstrual periods ☐ None

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Skin

☐ Rash ☐ Skin ulcers ☐ Hair loss ☐ Skin changes ☐ None

Neurological

☐ Weakness ☐ Headache ☐ Memory loss ☐ Convulsions ☐ Vertigo

☐ Tremors ☐ Numbness/Tingling ☐ None

Endocrine

☐ Heat intolerance ☐ Cold intolerance ☐ Excessive urination ☐ Excessive thirst ☐ None

Blood/Lymph Nodes

☐ Easy Bleeding ☐ Easy Bruising ☐ Enlarged lymph nodes ☐ None

☐ Use of anticoagulants/blood thinners

Allergies/Immune System

☐ Hives ☐ Cold/painful hands ☐ Skin tightness ☐ Swelling from allergies

☐ Morning stiffness ☐ Life-threatening allergic reactions ☐ None

Psychiatric

☐ Depressed mood ☐ Inability to feel happy ☐ Anxiety ☐ Suicidal thoughts ☐ Hallucinations

☐ Hearing voices ☐ None

Other

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