Broadway MEDICAL CLINIC

MRN _____

NP Intake Form

NAME _____

DATE OF BIRTH _____ **DATE** _____

MEDICAL HISTORY

Drug allergies _____

Present medications _____

Do you smoke? _____ How much? _____

Do you drink alcohol? _____

Do you take aspirin or arthritis medications? _____

Which ones and how much? _____

Which operations have you had? _____

_____

Do you have any medical illnesses now? _____

Have you had any serious past medical problems? _____

Date of last colonoscopy: _____

Date of last mammogram: _____

FAMILY HISTORY

Present health or status of your:

Mother _____

Father _____

Brothers and Sisters _____

Children _____

Is there a family history of:	**NO**	**YES**
Ulcers	☐	☐
Gallstones	☐	☐
Colon polyps or colon cancer	☐	☐
Colitis	☐	☐
Ulcerative colitis	☐	☐
Crohn's disease or regional enteritis	☐	☐
Cancers	☐	☐
Heart Disease	☐	☐
Lung Disease	☐	☐

Please do not write in space below

PERSONAL HISTORY

DIETARY:

Do you consume:	**NO**	**YES**
Milk	☐	☐
Ice Cream	☐	☐
Coffee (caffeinated)	☐	☐
Tea	☐	☐
Pop	☐	☐

NAME: _____ **MRN** _____

SYSTEM REVIEW

Do you have:	**NO**	**YES**	***Please do not write in space below****
Headaches	☐	☐	
Dizziness	☐	☐	
Sleep problems	☐	☐	
Weight change	☐	☐	
Trouble w/ heat or cold weather	☐	☐	
Vision or eye problems	☐	☐	
Sinus/nose problems	☐	☐	
Mouth or teeth problems	☐	☐	
Breast lumps or discharge from nipples	☐	☐	
Chest pain of angina	☐	☐	
Heart palpitations	☐	☐	
Ankle swelling	☐	☐	
Shortness of breath	☐	☐	
Coughing or wheezing	☐	☐	
Coughing up blood	☐	☐	
Urinary frequency	☐	☐	
Urinary pain	☐	☐	
Blood in urine	☐	☐	
Kidney stones	☐	☐	
Vaginal discharge	☐	☐	
Irregular vaginal bleeding	☐	☐	
Vaginal pain	☐	☐	
Arthritis	☐	☐	
Back pains	☐	☐	
Anemia	☐	☐	

GASTROINTESTINAL COMPLAINTS	**NO**	**YES**
Do you have:		
Appetite change	☐	☐
Nausea	☐	☐
Vomiting	☐	☐
Heartburn or regurgitation	☐	☐
Swallowing trouble	☐	☐
Belching	☐	☐
Rumbling, gurgling	☐	☐
Gas	☐	☐
Diarrhea	☐	☐
Blood in stool	☐	☐
Black bowel movements	☐	☐
Yellow jaundice	☐	☐
Hepatitis or liver problems	☐	☐
Cholesterol problems	☐	☐
Constipations	☐	☐