

DR BENNETT C. YANG, M.D., P.C.
HISTORY & PHYSICAL

Name _____

Address _____

Phone _____ DOB _____ Age _____

Single Married Div/Sep Occupation _____

Sex: _____ Hgt: _____ Wgt: _____

BP: _____ HR: _____ RR: _____

SaO2: _____ Temp: _____

Do you smoke? Yes No **How often?** _____ **Packs/day:** _____

Alcohol use? Yes No **Frequency?** _____ **Type:** _____

Recreational Drug use? Yes No **Frequency?** _____ **Type:** _____

Current Medication: Include name, Over the Counter, ASA, Ibuprofen, Herbal medications, Diet Pills and Vitamins, dosage and frequency:

Medication	Dosage	Frequency	Medication	Dosage	Frequency
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Vitamins			Over the Counter Pain Medications		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Allergies (include latex - please list):

Allergy	Reaction	Allergy	Reaction
_____	_____	_____	_____
_____	_____	_____	_____

Surgeries & Procedures (include year):

Past Medical History (please circle positive history):

Blood Disease:

Anemia, Leukemia, Lymphoma Hodgkin's, Lymphoma Non-Hodgkin's Cancer, Multiple Myeloma, Clotting Problems, Sickle Cell Anemia, History of Blood Transfusions

Bone & Joints:

Arthritis, Bursitis, Osterarthritis, Osteoporosis, Rheumatoid Arthritis, Scoliosis, Gout

Brain & Nerves:

Alzheimer's, Brain Cancer, Carpal Tunnel Syndrome, Dementia, Chronic Headache, Fibromyalgia, Lyme Disease, Meningitis, Migraines, Multiple Sclerosis, Epilepsy/Seizure Disorder, Neuropathy, Paralysis, Stroke, Parkinson's Disease, Polio

Chronic Infection:

Candidiasis (Yeast), Hepatitis B, Hepatitis C, HIV, Shingles, AIDS, MRSA / VRE, or other infection ie. Ring worm

Diabetes & Hormones:

Diabetes-Gestational, Type 1, Type 2, Parathyroid Disease, High Parathyroid, Low Parathyroid, Thyroid Problem- High/Low

Digestive:

Chronic Constipation, Chronic Diarrhea, Cirrhosis, Colon Cancer, Colon Polyps, Crohn's Disease, Diverticulitis/Diverticulosis, Heartburn/Reflux Disease, Hemorrhoids, Irritable Bowl Syndrome, Lactose Intolerance, Liver Disease, Pancreatic Disease, Phenylketonuria, Gallstones, Rectal Bleeding, Stomach Ulcers, Ulcerative Colitis, Weight loss >50lbs., Bulemia, Anorexia

Ear Nose & Throat:

Cataracts, Conjunctivitis (Pink Eye), Ear Infection, Hay Fever, Glaucoma, Hearing Impairment, Nosebleeds, Tonsillitis, Vision Problem, Sinus Problems, Sleep Apnea, CPAP machine

Heart & Blood Vessels:

Angina, Bleeding D/O, Carotid Artery Obstruction, Congestive Heart Failure, Coronary Artery Disease/Atherosclerosis, Deep Venous Thrombosis (blood clots), Heart Attack, Heart Murmur, High Blood Pressure, High Cholesterol, Irregular Heartbeat, Mitral Valve Prolapse, Pacemaker/AICD, Phlebitis (blood vessel infection/inflammation), PVD, Reynauds

Kidneys & Urinary Tract:

Cancer - Bladder, Cancer - Kidney, Cancer - Kidney, Incontinence, Kidney Disease, Kidney Stones, Renal Failure, Urinary Tract Infection

Lungs:

Asthma, Bronchiectasis, Chronic Bronchitis, Chronic Obstructive, Pulmonary Disease, Emphysema, Lung Cancer, Pneumonia, Pulmonary Embolus, Tuberculosis

Men's Reproductive:

Cancer - Prostate, Cancer - Testicular, Enlarged Prostate, Erectile Dysfunction, Testicular Mass (varicocele, hydrocele, spermatocele)

Mental Health:

ADD/ADHD, Alcoholism, Anorexia, Anxiety, Autism, Binge Eating, Bipolar Disorder, Bulimia, OCD, Panic Attacks, Personality Disorders, Postpartum Depression, PTSD, Insomnia, Depression, Schizophrenia, Seasonal Affective Disorder, Social Anxiety Disorder

Muscles & Tendons:

Back Injury, Hernia, Neck Injury, Sprain, Tendon Tear, Basal Cell Skin Cancer, Skin Cancer - Carcinoma, Melanoma, Skin Cancer - Squamous, Cell Carcinoma, Varicose Veins, Warts, Wounds & Skin Ulcers

Skin:

Acne, Athlete's Foot, Cellulitis, Dermatitis, Dry Skin, Eczema, Psoriasis, Rash, Ring Worm, Rosacea

Women's Reproductive:

Abnormal Vaginal Bleeding, Cancer - Breast, Cancer - Cervical, Cancer - Endometrial/Uterine, Cancer - Ovarian, Endometriosis, Fibrocystic Breast Tissue, Fibroid Uterus, Ovarian Cysts, Premenstrual Syndrome

Number of children _____ Date of last breastfeeding _____ Date of last mammography _____

Anesthesia Problems: None, N&V, Difficult Intubation, Malignant Hyperthermia

Hx of Anesthesia recall? Yes _____ No _____

Date of Last Physical Exam: _____

Family History: (Cancer, MH, etc): _____

DO YOU: 1. Snore louder than talking 2. Snore 3 or more times a week 3. Pause in breathing 3 or more times a week	yes/no yes/no yes/no	ARE YOU: 1. Tired after sleeping 3 or more times a week 2. Have you fallen asleep while driving	yes/no yes/no
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Hypertension history	yes/no	BMI >30	yes/no
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Exercise Tolerance (check which applies): I exercise ___ daily ___ weekly ___ monthly ___ not at all
I can climb: ___ 1 flight ___ 2 flights ___ 3 flights of stairs without getting short of breath ___ none at all

PATIENT SIGNATURE: _____ **DATE:** _____

I have reviewed this patient's PMHx and ROS _____ **MD SIGNATURE DATE:** _____