

Ryan T. Bunch, DO  
Andrew Ferris, DO  
Brad Freidinger, MD  
Brockford Damon Herring, DO  
Smiresh Suresh Shah, MD  
Shane Casey Tipton, MD  
Marc Ward, MD



David Drago, PA-C  
Robert Marshall Ramsey, PA-C  
Elizabeth Cortney Schlegelmilch, PA-C  
Gregory F. Shea, PA-C  
Alexia Standley, PA-C  
Christopher Stavenger, PA-C  
Kristin E. Sung, PA-C  
Rhiannon Turner, PA-C

### **Medical History Questionnaire**

Patient Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Gender (circle): Male Female Age: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

### **PAST MEDICAL HISTORY**

**ALLERGIES:** \_\_\_\_\_

*Do you currently or have you ever had any of the following:* NO YES (circle all that apply)

Diabetes	High Blood Pressure	Heart Disease	Seizure Disorder	Ulcer
Sleep Apnea	Stroke	Heart Attack	Asthma	Cancer
Emphysema	Phlebitis/Blood Clots	Bleeding Disorder	Fibromyalgia	Thyroid Disease
Depression/Anxiety	Gout	GERD/Reflux	Osteoarthritis	Kidney Stones
Rheumatoid Arthritis	Hepatitis	High Cholesterol	Complications from Anesthesia	

List any other conditions not mentioned above: \_\_\_\_\_

***If all of your medications have been prescribed by providers within Atrium Health, just write "See System" in box below.***

Medication	Dose	Medication	Dose

***List ALL surgeries or hospital procedures:***

1.	4.
2.	5.
3.	6.

### **FAMILY HISTORY**

☐ No family history of any of the medical problems listed below.

Please circle any significant health problems in your family history *and* please list the relationship to patient:

Heart Disease / _____	Diabetes / _____
High Blood Pressure / _____	Cancer / _____
Stroke / _____	Rheumatoid Arthritis / _____
Other: _____	

### **SOCIAL HISTORY**

Alcohol Use: (type / frequency / amount) \_\_\_\_\_  
Nicotine Use (circle): Smoke / Vape / Chew (amount and years used) \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

***PLEASE COMPLETE BOTH SIDES OF THIS FORM***

Ryan T. Bunch, DO  
Andrew Ferris, DO  
Brad Freidinger, MD  
Brockford Damon Herring, DO  
Smiresh Suresh Shah, MD  
Shane Casey Tipton, MD  
Marc Ward, MD



David Drago, PA-C  
Robert Marshall Ramsey, PA-C  
Elizabeth Cortney Schlegelmilch, PA-C  
Gregory F. Shea, PA-C  
Alexia Standley, PA-C  
Christopher Stavenger, PA-C  
Kristin E. Sung, PA-C  
Rhiannon Turner, PA-C

## **REVIEW OF SYSTEMS**

☐ ALL below systems have been reviewed and ALL are NEGATIVE, excluding chief complaint.

*(Please write NONE beside any items that do not apply)*

**Constitutional:** Fever, sudden weight loss/gain, loss of appetite: \_\_\_\_\_

**Eyes:** Blurred vision, double vision, difficulty seeing: \_\_\_\_\_

**Ear/Nose/Throat:** Deafness, sinusitis, hoarseness, vertigo, tinnitus: \_\_\_\_\_

**Cardiovascular:** Chest pain, palpitations, irregular heartbeat, murmur: \_\_\_\_\_

**Respiratory:** Shortness of breath, wheezing, chronic cough, spitting blood: \_\_\_\_\_

**Digestive:** Abdominal pain, constipation, diarrhea, bleeding: \_\_\_\_\_

**Urologic:** Pain when urinating, hesitancy, bleeding, incontinence: \_\_\_\_\_

**Gynecologic:** Breast masses, pain, discharge problems: \_\_\_\_\_

**Skin:** Rashes, lesions that do not heal, changes in moles: \_\_\_\_\_

**Neurological:** Seizures, loss of balance/coordination, paralysis, loss of memory: \_\_\_\_\_

**Endocrine:** Excessive thirst, excessive urination, intolerance to heat/cold: \_\_\_\_\_

**Blood and Lymphatic System:** Anemia, bleeding tendencies, swollen nodes: \_\_\_\_\_

**Allergic and Immunologic:** Hives, eczema, itching: \_\_\_\_\_

**Musculoskeletal:** Stiffness, joint pain, muscle wasting: \_\_\_\_\_

**Other:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM**