

**DAVENPORT CLINIC, P.C.**  
1820 WEST 3RD STREET DAVENPORT, IOWA

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER PHYSICIANS: \_\_\_\_\_

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

**PAST MEDICAL AND SURGICAL HISTORY:**

YEAR	MEDICAL	YEAR	SURGICAL

IMMUNZ FLU: \_\_\_\_\_ PNEUMONIA: \_\_\_\_\_ TETANUS: \_\_\_\_\_ HEPATITIS: \_\_\_\_\_

**SOCIAL HABITS:**

SMOKE: Y / N _____ YRS _____ PACKS PER DAY	DIET: _____
ALCOHOL: Y / N HOW MUCH: _____	EXERCISE: _____
DRUGS: Y / N EXPLAIN: _____	SINGLE / MARRIED / DIVORCED
CAFFEINE: Y / N HOW MUCH: _____	OCCUPATION: _____

**FAMILY HISTORY:**

ANY RELATIVE WITH	YES	NO	WHO?	ANY RELATIVE WITH	YES	NO	WHO?
BREAST CANCER				OBESITY			
LUNG CANCER				STROKE			
OVARIAN CANCER				BLOOD DISEASE			
UTERINE CANCER				OSTEOPOROSIS			
COLON CANCER				KIDNEY DISEASE			
PROSTATE CANCER				BLADDER DISEASE			
DIABETES				LUNG DISEASE			
HIGH BLOOD PRESS.				SEIZURE DISORDER			
HEART DISEASE				OTHER			

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

**REVIEW OF SYSTEMS: (CHECK IF YES)**

WEIGHT LOSS/GAIN	HEART/LUNG	GI	NERVOUS/HEAD
<b>EYES</b>	Shortness of Breath	ULCERS	EPILEPSY/SEIZURE
POOR VISION	ASTHMA/WHEEZING	COLITIS	FAINTING
DOUBLE VISION	EMPHYSEMA	DIARRHEA	DIZZINESS
CATARACT	CHRONIC COUGH	CONSTIPATION	HEADACHES
GLAUCOMA	CHEST PAIN	CHG. IN BOWEL	HEAD INJURY
GLASSES/CONTACTS	HIGH BP	VOMITING	DEPRESSION
<b>EARS</b>	ENLARGED HEART	BLOOD IN STOOL	SLEEP DISORDER
HEARING LOSS/AIDS	HEART FAILURE	CIRRHOISIS	ANXIETY
RINGING IN EARS	MURMUR	GALL BLDR. PROB.	<b>ENDOCRINE</b>
<b>NOSE/ THROAT</b>	PALPITATIONS	<b>KIDNEY/PROSTATE</b>	DIABETES
ALLERGIES	HEART ATTACK	STONES	THYROID PROBS.
SINUS PROBLEMS	<b>CIRCULATION</b>	BLADDER PROB.	<b>SKIN</b>
HOARSENESS	LEG SWELLING	BLOOD IN URINE	CANCERS
DENTAL PROBLEMS	LEG PAIN/WALKING	DRIBBLING	RASH
FREQ. NOSE BLEEDS	LEG ULCER	HESITANCY	<b>BLOOD DISEASE</b>
	VARICOSE VEINS	URGENCY	ANEMIA
			HIV

LAST MENSTRUAL PERIOD: \_\_\_\_\_ LAST PAP: \_\_\_\_\_

LAST MAMMOGRAM: \_\_\_\_\_ PREGNANCIES: G \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ A \_\_\_\_\_ L \_\_\_\_\_

LAST BONE DENSITY: \_\_\_\_\_

DOCTOR'S SIGNATURE: \_\_\_\_\_