

PATIENT TRIAGE FORM

PATIENT COMPLETES-

Last name _____ first name _____ middle init. ____ Date of visit- _____

DOB- _____ Cell phone- _____

Preferred pharmacy- Name- _____ None- _____ Zip code- _____

Allergies and drug reactions : _____

If no known drug allergies check here- _____

Medications you take:

MEDICAL HISTORY:

Social Hx: Do you use alcohol, tobacco, recreational drugs?	
Family Hx: For example, high blood pressure, heart disease, lung disease, or cancer? If so, at what age?	
Pregnancy Hx (Female Only): Are you pregnant? Any other gynecological/obstetric problems?	
Have you ever had? (Circle if you have any below)	
1.High blood pressure	8.Nervous or Psychiatric disorder (anxiety, depression)
2.Diabetes (controlled by diet or medication)	9.Cancer
3.Heart disease, heart attack, heart surgery	10.Anemia
4. Lung disease, asthma, bronchitis, emphysema, pneumonia	11.Stomach ulcer or reflux disease
5.Seizures or epilepsy	12.Musculoskeletal injuries
6.Liver disease	13.Chronic pain of any kind
7.Kidney disease	14.Other surgery, hospitalization, or medical problem
Have you recently or Are you currently experiencing? (Circle if you have any below)	
1.Fever or chills	5.Frequent or severe headache
2.Sinus pain, drainage, congestion	6.Unintentional weight loss
3.Shortness of breath	7.Joint swelling or pain
4.Chest Pain	8.Change in bowel or bladder habits

PHQ-2:

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

OFFICE USE ONLY BELOW THIS POINT- PATIENT TRIAGE

Vital Signs:

BP(120/80 normal):	/	Height:	Reason for Visit:
Temperature(98.6-99.6 normal):		Weight:	
Pulse(60-100normal):			
Resp(12-20 normal):	O ₂ (95% normal):		
LMP(<30 days):			

10/24/2018