

**HURWITZ  
ROBERTS  
A MEDICAL  
CORPORATION**

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Patient Name \_\_\_\_\_

Date \_\_\_\_\_

Primary Doctor \_\_\_\_\_

Referring Doctor \_\_\_\_\_

**GENERAL**

- YES NO  
  Recent weight loss  
  Recent weight gain  
Amount \_\_\_\_\_  
  Weakness  
  Fatigue  
  Fever  
  Night sweats

**EYES**

- YES NO  
  Vision  
  Cataracts  
  Glaucoma  
  Brief Loss of Vision

**EARS**

- YES NO  
  Decreased hearing  
  Infections  
  Buzzing/ringing  
  Vertigo

**ENDOCRINE**

- YES NO  
  Thyroid trouble  
  Diabetes history

**RESPIRATORY**

- YES NO  
  Shortness of Breath  
  Cough  
  Sputum production  
Color \_\_\_\_\_  
How much per day \_\_\_\_\_  
  Coughed Blood  
  Asthma  
  Bronchitis  
  Emphysema  
  Pneumonia  
  Infections  
  Tuberculosis  
  Need for Oxygen

**GASTROINTESTINAL**

- YES NO  
  Trouble swallowing  
  Loss of appetite  
  Nausea  
  Vomiting blood  
  Indigestion/heartburn  
  Reflux  
  Ulcer  
  Rectal Bleeding  
  Black, tarry stool  
  Constipation  
  Diarrhea  
  Change in bowel habits  
  Abdominal pain  
  Gallstones  
  Jaundice  
  Hepatitis  
  Pancreatitis  
  Hemorrhoids

**NEUROLOGIC**

- YES NO  
  Black-outs  
  Seizures  
  Weakness  
  Paralysis  
  Tingling  
  Tremors  
  Stroke  
  TIA  
  Dizziness  
  Brief loss of vision  
  Migraine HA

**URINARY**

- YES NO  
  Frequent urination  
  Blood in urine  
  Decreased stream  
  Difficulty Starting stream  
  Loss of control  
  Infections  
  Stones  
  Prostate Enlargement

**CARDIAC**

- YES NO  
  Angina/ Chest pain  
  History of heart attack  
  Rheumatic Fever  
  Swelling in legs  
  Irregular heart rhythm/palpitation  
  History of heart murmur  
  Shortness of Breath on exertion

**VASCULAR**

- YES NO  
  Leg cramps on exertion  
  Varicose veins  
  Pain in legs with walking  
  Pain in legs at rest  
  Ulcers on feet or legs

**BLOOD**

- YES NO  
  Anemia  
  Easy bruising  
  Prolonged Bleeding  
  Ever transfused  
  Transfusion reaction  
  Family hx bleeding disorder

**PSYCHIATRIC**

- YES NO  
  Nervous  
  Stress  
  Depression  
  Ever seen a psychologist or  
psychiatrist

**MUSCULOSKELETAL**

- YES NO  
  Arthritis  
  Back Pain  
  Disc Disease  
  Fractures  
  Gout

Please provide details on checked item(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_