Sound Clinical Medicine PS
6718 144th Street NW • Gig Harbor, WA 98332 • (253) 857-6166

Welcome to Sound Clinic Medicine. Filling out this form helps assure that we meet your medical needs today, and promotes accurate and complete documentation of your visit. The Medical Assistant can help you fill out this form, if necessary. Thanks you for your time!

Name _____ **Birthday** _____

Reason for visit (chief complaint) _____

Other issue(s) for doctor today _____

_____

Review of body systems; Circle any of the following that you have had in the last two weeks:

General: fevers weight loss fatigue

Ears: ear pain hearing loss

Chest: cough shortness of breath

Gastro/intestinal: constipation diarrhea

Extremities: swelling pain

Neurological: headaches tremors

Eyes: eye pain vision changes

Neck: throat pain lymph node swelling

Heart: chest pain arrhythmia feeling faint

Genital/Urinary: burning frequency discharge

Skin: rash bump lesions

Emotional: depressed anxious not sleeping

Past Medical History _____

_____

Past Surgical History _____

Medications (new since last visit) _____

Allergies _____

Family History _____

Social History: answers to these questions are confidential and help us to know and serve your better.

Marital status _____

Occupation _____

Tobacco use _____

Alcohol use _____