JONATHAN M. VAPNEK, M.D.

229 EAST 79TH STREET NEW YORK, NY 10021 (212) 717-9500

Your Name: _____ Date of birth: _____ Today's date: _____

Name and address of your referring doctor: _____

Name and address of your primary care doctor: _____

Your profession: _____

Why are you here today? _____

Please describe the problem in more detail: _____

Please list any medical problem you have now or had in the past: _____

Please list all surgeries you have had and approximate dates: _____

Please list all of your current medications and dosages: _____

Please list any drug allergies you have: _____

Do you smoke cigarettes? yes no (circle one) If so, how much? _____

Do you drink alcohol? yes no (circle one) If so, how much? _____

Please list any diseases which run in the family: _____

(For Women Only)

Have you ever been pregnant? yes no (circle one) If so, how many times? _____

Have you delivered any children? yes no (circle one) If so, how many times? _____

When was your last period? _____

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Your Name: _____ Date of birth: _____ Today's date: _____

Reason for today's visit: _____

Review of Systems: Check symptoms that you have

General
- ☐ Chills
- ☐ Fever
- ☐ Weight change
- ☐ Change in appetite
- ☐ Weakness
- ☐ Fatigue
- ☐ Night sweats
- ☐ Headache

HEENT
- ☐ Bleeding gums
- ☐ Blurred vision
- ☐ Earache
- ☐ Ear discharge
- ☐ Vertigo
- ☐ Ringing in ears
- ☐ Loss of hearing
- ☐ Nosebleeds
- ☐ Frequent colds
- ☐ Hoarseness
- ☐ Sore throat
- ☐ Neck stiffness

Breasts
- ☐ Nipple discharge
- ☐ Lumps
- ☐ Breast pain

Skin
- ☐ Persistent sores
- ☐ Skin lumps
- ☐ Easy bruising
- ☐ Rashes
- ☐ Changes in moles

Cardiovascular
- ☐ Chest pain
- ☐ Heartburn
- ☐ Palpitations
- ☐ Ankle swelling
- ☐ Poor circulation
- ☐ Varicose veins

Respiratory
- ☐ Wheezing
- ☐ Frequent coughing
- ☐ Emphysema
- ☐ Shortness of breath
- ☐ Blood in sputum
- ☐ Chronic cough

Gastrointestinal
- ☐ Change in bowel habits
- ☐ Difficulty swallowing
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Rectal bleeding
- ☐ Abdominal pain
- ☐ Jaundice
- ☐ Black stools

Genitourinary
- ☐ Kidney stones / colic
- ☐ Urinary infections
- ☐ Leakage of urine
- ☐ Weak stream
- ☐ Blood in urine
- ☐ Painful urination
- ☐ Urethral discharge
- ☐ Painful intercourse
- ☐ Vaginal discharge

Musculoskeletal
- ☐ Joint pain
- ☐ Muscle cramps or spasms
- ☐ Weakness
- ☐ Arthritis
- ☐ Backache

Hematologic
- ☐ Easy bleeding
- ☐ Blood transfusions

Neurologic
- ☐ Fainting
- ☐ Seizures
- ☐ Paralysis
- ☐ Numbness
- ☐ Tingling
- ☐ Tremors
- ☐ Stroke

Endocrine
- ☐ Excessive sweating
- ☐ Excessive thirst
- ☐ Increased urine output

Psychiatric
- ☐ Nervousness
- ☐ Depression
- ☐ Suicidal ideas
- ☐ Memory loss
- ☐ Insomnia

Conditions: Check conditions that you have had

- ☐ Alcoholism
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Back trouble
- ☐ Bleeding disorders
- ☐ Bronchitis
- ☐ Cancer
- ☐ Cardiac bypass
- ☐ Diabetes
- ☐ Elevated PSA
- ☐ Emphysema
- ☐ Glaucoma
- ☐ Gout
- ☐ Heart disease
- ☐ Heart murmur
- ☐ Hemorrhoids
- ☐ Hepatitis
- ☐ Hernia
- ☐ Herpes
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ HIV positive / AIDS
- ☐ Impotence
- ☐ Infertility
- ☐ Kidney disease
- ☐ Liver Disease
- ☐ Leukemia
- ☐ Lymphoma
- ☐ Migraines
- ☐ Mitral valve prolapse
- ☐ Multiple myeloma
- ☐ Pacemaker
- ☐ Penile curvature
- ☐ Polio
- ☐ Premature ejaculation
- ☐ Prostate surgery
- ☐ Radiation treatment
- ☐ Rheumatic fever
- ☐ Sickle cell anemia
- ☐ Thyroid disease
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Vascular surgery
- ☐ Venereal Disease

Other: Please tell us anything else that you feel might be helpful:

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