

Denver Endocrinology, Diabetes & Thyroid Center, P.C.

601 E Hampden Ave, Suite 560, Englewood, CO 80113

Phone: 303-321-2644 Fax: 303-321-2446 Website: www.denverendocenter.com

Patient Name _____ Today's Date _____

Date of Birth _____ Occupation _____

Primary Care Provider _____ Phone _____

Referring Physician(if not PCP) _____ Phone _____

Other Care Providers _____ Phone _____

Main Concern(s)/Reason for visit today _____

ALLERGIES (Please include type of reaction to each allergy listed) _____

MEDICATIONS (Both prescription and over-the-counter including herbal, vitamins, etc)

Please include another page if needed.

Name of medication and dosage

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

HOSPITALIZATIONS/SURGERIES/PROCEDURES (Please include exact date or at least year)

FAMILY HISTORY (List any health problems of your mother, father, siblings, children or grandparents only)

SOCIAL HISTORY (Check all that apply)

Smoker: yes no # of cigarettes per day _____

Alcohol use: yes no # of drinks per day _____

Exercise yes no # of days in a week _____

Duration of exercise _____

Type of exercise _____

PERSONAL HISTORY (Previous health problems)

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____

3. _____ 6. _____ 9. _____

REVIEW OF SYSTEMS (Check current problems/symptoms you are experiencing now or in the past 1 month)

- Wt gain ___lb
- Wt loss ___lb
- Fatigue
- Easy Bruising
- Excessive Sweating
- Brittle Nails
- Rash
- Skin color changes
- Dry skin
- Darkening of skin
- Stretch marks
- Peripheral Vision Loss
- Blurred Vision
- Bulging Eyes
- Headache
- Double Vision
- Hoarseness
- Snoring
- Inability to smell
- Change in dental bite
- Change in head size
- Neck pain
- Swollen glands
- Neck lump/swelling
- Difficulty breathing
- Breast pain
- Nipple discharge
- Breast enlargement

- Chest pain
- Pain with exercise
- Palpitations
- Stomach pain
- Constipation
- Diarrhea
- Difficulty swallowing
- Nausea
- Vomiting
- Pain with swallowing
- Loss of periods
- Irregular periods
- Painful intercourse
- Pain with urination
- Passage of stones in urine
- Bone pain
- Back pain
- Joint pain _____
- Muscle cramps
- Muscle Weakness
- Pain in Hands
- Pain in Feet
- Unexplained bone fractures
- Muscle Aches
- Change in Hand/Foot size
- Dizziness
- Fainting
- Weakness

- Lightheadedness
- Dizziness with standing
- Poor concentration
- Memory Loss
- Frequent falls
- Emotional swings
- Numbness in hands
- Numbness in feet
- Burning in hands
- Burning in feet
- Anxiety
- Depression
- Insomnia
- Acne
- Decrease in appetite
- Increase in appetite
- Feeling full before finishing meal
- Cold intolerance
- Excessive thirst
- Excessive urination
- Heat intolerance
- Hot flashes
- Flushing of skin
- Excessive facial/body hair
- Loss of hair
- Decrease in height
- Decreased libido