Mark M. Scheurer, M.D.

New Patient Forms –

Three Pages Total

Name:

Date Of Birth:

Social Security Number:

Email Address:

Cell Phone Number:

Home Phone Number:

Address:

Next Of Kin/Relationship/Phone Number (*to be notified for emergency*):

Insurance Company/Plan Name & Type/ID Number/Effective Date (or provide card):

What Are Your Past Medical Problems/Surgeries and the Year(s) They Occurred?

Please List Your Allergies and The Nature of Your Reaction:

Please List Your Current Medical Problems Requiring Treatment:

If You Have Been Hospitalized For Non-Surgical Reasons Please List The Reasons/Dates:

Please List Any Major Medical Problems Which Have Affected Your Parents and/or Siblings:

Do You Smoke or Use Tobacco in Other Forms? Yes No Never *When Did You Quit*?

Do You Drink Alcohol? Yes No

Please List The Medications or Supplements You Are Taking With the Frequency and Dose (or provide separate list):

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____
10. _______________________________________

Do You Feel You May Have Been Exposed to Anything Harmful in your Environment? Yes No

How Is Your Energy Level?

How Is Your Sleep? Do You Snore?

Any Bowel or Bladder Issues?

Are You Having Any Pain Issues?

REVIEW OF SYMPTOMS

PLEASE CIRCLE ANY SYMPTOM (OR WRITE IN YOURSELF) WHICH IS BOTHERING YOU AND WHICH YOU WISH TO BRING TO MY ATTENTION

General: weight change, general health, strength, exercise tolerance.
Head: headaches, vertigo, injury.
Eyes: visual acuity, double vision, tearing, black spots, pain.
Ears: hearing problems, ringing, discharge, dizziness, pain, pressure/fullness.
Nose: bleeding, blockage, drainage, change in smell.
Mouth: dental difficulties, gum bleeding, jaw pain, mouth sores.
Neck: stiffness, pain, tenderness, lumps.
Skin: lesions, bleeding, itchiness, color changes.
Breast: lumps, tenderness, swelling, nipple discharge.
Chest: shortness of breath, wheezing, cough.
Heart: chest, arm, or neck discomfort, palpitations, fainting, lightheadedness when standing.
Abdomen: appetite change, trouble swallowing, abdominal pain, bowel habit changes, throwing up.
Genitourinary: urinary urgency or hesitancy, pain with urination, change in nature of urine, testicle pain, loss of sexual function or libido.
Gynecologic: change in menstrual cycle, pain with cycle, vaginal discharge, pelvic pain.
Musculoskeletal: pain in muscles or joints, limitation of range of motion, stiffness
Neurologic: weakness, tremor, seizures, thinking or memory problems, numbness
Psychiatric: depression, anxiety, sleep problems, emotional upset