ARROYO MEDICAL GROUP, INC
931 Oak Park Boulevard
Suite 101
Pismo Beach, CA 93449

Please Fill Out Questionnaire Front & Back

Patient Name:_____ Date:_____

Our goal is to make the best out of your visit today! For today's visit, what are you hoping to address?

_____
_____
_____

Which *one* is the most important to you?

_____

Are there any tests or lab results you want to discuss?

_____

Which medications do you need refilled to cover you until your next appointment?

_____
_____
_____

Is there any feedback you would like to leave about the staff, doctors or our practice?

_____
_____
_____
_____
_____

Feel free to grab another form on the way out for anonymous feedback! It is our goal to treat our patients to the utmost standards of medical care with compassion and respect. We appreciate that you have chosen us as your medical home!

PLEASE TURN THIS SHEET OVER AND ALSO FILL OUT BACK SIDE. →→→→→→

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REVIEW OF SYSTEMS: Please check boxes that apply for today's visit.

☐ Check this box if **none** apply to today's visit.

CONSTITUTIONAL:
- □ Chills
- □ Fatigue
- □ Fever
- □ Malaise
- □ Night Sweats
- □ Weakness
- □ Weight Gain
- □ Weight Loss

INTEGUMENTARY (SKIN):
- □ Brittle Hair
- □ Brittle Nails
- □ Rash
- □ Hives
- □ Skin Lesion
- □ Itching

HEAD, EYES, EARS, NOSE, AND THROAT:
- □ Ear Drainage
- □ Ear Pain
- □ Eye Discharge
- □ Eye Pain
- □ Eye Redness
- □ Hearing Loss
- □ Nasal Drainage
- □ Sinus Pressure
- □ Sore Throat

NEUROLOGICAL:
- □ Dizziness
- □ Numbness
- □ Extremity Weakness
- □ Gait Disturbance
- □ Headache
- □ Memory Loss
- □ Seizures
- □ Falls

RESPIRATORY:
- □ Chronic Cough
- □ Cough
- □ Known TB Exposure
- □ Shortness of Breath
- □ Wheezing

PSYCHIATRIC:
- □ Anxiety
- □ Depression
- □ Insomnia
- □ Bipolar Disorder

CARDIOVASCULAR:
- □ Chest Pain
- □ Calf Pain
- □ Swelling
- □ Palpitations

METABOLIC/ENDOCRINE:
- □ Cold Intolerance
- □ Heat Intolerance
- □ Excessive Thirst
- □ Hot Flashes

GASTROINTESTINAL:
- □ Abdominal Pain
- □ Blood in Stools
- □ Change in Stools
- □ Constipation
- □ Diarrhea
- □ Heartburn
- □ Loss of Appetite
- □ Nausea
- □ Vomiting

MUSCULOSKELETAL:
- □ Back Pain
- □ Joint Pain
- □ Joint Swelling
- □ Muscle Weakness
- □ Neck Pain
- □ Muscle Pain
- □ Muscle Cramps

GENITOURINARY:
- □ Burning with Urination
- □ Blood in Urine
- □ Frequent Urination
- □ Urinary Incontinence
- □ Urinary Retention

HEMATOLOGIC:
- □ Easy Bleeding
- □ Easy Bruising
- □ New Lumps or Bumps

WOMEN:
- □ Abnormal PAP
- □ Painful Periods
- □ Painful Intercourse
- □ Hot Flashes

MEN:
- □ Impotence
- □ Reduced Libido
- □ Reduced Stream
- □ Nighttime Urination

IMMUNOLOGIC:
- □ Contact Allergy
- □ Environmental Allergies
- □ Food Allergies
- □ Seasonal Allergies