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 yo	ur visit today! For today's visit, what are you hoping to address?			
Which <u>one</u> is the most important to yo	ou?			
Are there any tests or lab results you v	want to discuss?			
	ed to cover you until your next appointment?			
Is there any feedback you would like t	o 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!

REVIEW OF SYSTEMS: Please check boxes that apply for <u>today's</u> visit.

 $\hfill\square$ Check this box if **none** apply to today's visit.

Chills □ Weight Gain □ Brittle Hair □ Fatigue □ Weight Loss □ Brittle Nails □ Fatigue □ Weight Loss □ Brittle Nails □ Malaise □ Rash □ Malaise □ Hives □ Might Sweats □ Skin Lesion □ Weakness □ Itching HEAD, EYES, EARS, NOSE, AND THROAT: NEUROLOGICAL: □ Ear Drainage □ Nasal Drainage □ Dizziness □ Seizures □ Ear Pain □ Sinte Pressure □ Numbness □ Falls □ Eye Pain □ Sore Throat □ Extremity Weakness □ Falls □ Eye Redness □ Gait Disturbance □ Eyer Redness □ Respiratore □ Hearing Loss □ Memory Loss □ Respiratore □ Sore Chronic Cough □ Anxiety □ Cough □ Sorder □ Cough □ Insomnia □ Falls □ Sorder □ Muscle Pain □ Cold Intolerance □ Cold Intolerance □ Charpe In Stools □ Loss of Appetite □ Joint Swelling □ Muscle Pain □ Blood in Stools □ Loss of Appetite □ Joint Swelling □ Muscle Cramps □ Barthea	CONSTITUTIONAL:		INTEGUMENTARY (SKIN):	
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