ACADIANA URGENT CARE CENTER
Reason for Visit and Medical History

Patient Name: ______________________ Reason for Visit: ______________________________

Auto Accident? Y / N Work Related Injury? Y / N Date of Accident: ___/___/____

Please Check all that apply to you (conditions you have been diagnosed with and/or being treated for):

____ Acid Reflux	____ Depression	____ Heart Attack	____ Kidney Disease
____ Asthma	____ Diabetes	____ High Blood Pressure	____ Stroke
____ Cancer	____ High Cholesterol	____ Hypothyroid	____ Other ________

Date of last Tetanus shot: ____/____/____ Alcohol (amount/freq) ____/____ Smoke (amount/freq) ____/____

Current Medication? Y / N (list) ____

Previous Surgeries? Y / N (list) ____

Other Medical History: ____

Medication Allergies? Type of reaction (rash, itching, etc.) (list) ________________________________

Preferred Pharmacy & Address: ____

Females Only: Date of last menstrual cycle: ______ Taking birth control? Y / N Are/Could you be pregnant? Y / N

CONSTITUTIONAL	CARDIO	GU	HEMA/LYMPH
Chills	Chest pain	Pain with urination	Anemia
Decreased Appetite	Chest pressure	Blood in urine	Bleeding
Fatigue/weakness	Leg swelling	Pregnant (currently)	Easy bruising
Fever	Palpitations	Frequent urination	Painful lymph nodes
Sweating	RESPIRATORY	Vaginal bleeding	Swollen lymph nodes
Weight loss	Asthma	Vaginal discharge	ALLERGY/IMMUN
EYES	Cough	Vaginal itching/irritation	Hives
Blurred vision	Pain with cough/breathing	MUSC/SKEL	Seasonal allergies
Eye discharge	Shortness of breath	Back pain	Itchy eyes
Eye pain/pressure	Sputum	Edema	Watery eyes
Eye redness	(color: __________)	Joint pain	Sneezing
Eyelid swelling	Wheezing	Muscle spasm	NEURO
Glasses or contacts	GI	Muscle weakness	Dizziness
ENT/MOUTH	Abdominal pain	Neck pain	Fainting
Ear pain/pressure	Constipation	Joint swelling/redness	Headache
Hearing loss	Cramping	SKIN/BREAST	Loss of consciousness
Hoarseness	Bloating	Abrasion	Numbness
Post-nasal drip	Hemorrhoids	Abscess/Boil	Tingling
Sinus drainage	Nausea	Discharge/drainage	Seizures
Sore throat	Rectal bleeding	Redness of skin	PSYCH
Toothache	Ulcers	Itch	Anxiety
	Vomiting	Lesions	Depression
		Rashes	Insomnia