



# After Hours Medical Group

9200 Colima Rd. #101 Whittier, CA 90605 (562) 945-2128

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Doctor's Name: \_\_\_\_\_ PCP's phone # \_\_\_\_\_

Age: \_\_\_\_\_ Male [ ] Female [ ] Language: \_\_\_\_\_

Allergies: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Medications/Vitamins: \_\_\_\_\_

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**Please circle all that apply (only for new patients):**

**Past Medical History:** Hypertension, Diabetes Mellitus, Insulin Dependent Diabetes Mellitus, Stroke, Heart Attack, Congestive Heart Failure, Gout, Hyperthyroid, Hypothyroid, Asthma, COPD, Hepatitis, Pancreatitis, GERD, Lupus, Rheumatoid Arthritis, Osteoarthritis, Cancer, Hyperlipidemia, Kidney Disease, Dialysis, Depression or Mania, Gastritis

Other: \_\_\_\_\_

**Past Surgical History:** Gallbladder Removal, Appendix Removal, Thyroid Removal, Tonsillectomy, Hysterectomy, C-Section, CABG, Hernia Repair, Angioplasty, Cancer

Other(s): \_\_\_\_\_ Year(s) of Surgery: \_\_\_\_\_

**Social History:** Have you ever smoked? Y/N If yes, how many packs per day? \_\_\_\_ For how many years? \_\_\_\_  
Do you drink alcohol? Y/N If yes, how many drinks per month? \_\_\_\_

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**Please circle all that apply for Today's visit. (ALL patients):**

**General:** Fevers, Fatigue, Sweats, Chills

**Endocrine:** Excessive Thirst, Weight Loss, Weight Gain

**Heme:** Unusual Bruising, Unusual Bleeding

**Allergy/Immunology:** Hay Fever (Allergic Rhinitis)

**HENT:** Sore Throat, Earache, Runny Nose (Rhinorrhea) Sinus Problems

**Eyes:** Red Eyes, Eye Discharge (Crusting), Double Vision (Diplopia)

**Pulmonary:** SOB (Dyspnea), Dry Cough (no phlegm), Productive Cough (with phlegm), Wheezing

**Heart:** Palpitations (Irregular Heart Beat), High Blood Pressure, Rapid Heart Rate (Heart Racing)

**GI:** Nausea, Vomiting, Diarrhea, Abdominal Pain or Cramps

**GU:** Burning or Painful Urination (Dysuria), Blood in Urine (Hematuria), Pelvic or Genital Pain, Abnormal Vaginal Pain, Menstrual Pain, Vaginal Discharge

**Musculoskeletal:** Joint Pain, Muscle Pain

**Neurology:** Headache, Seizures, Vertigo (Room Spinning)

**Psychiatry:** Anxiety, Depressed or Sad

**Skin:** Rashes

Patient's/Legal Representative Signature: \_\_\_\_\_ Relationship if minor: \_\_\_\_\_