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DIPLOMATE OF THE AMERICAN BOARD OF INTERNAL MEDICINE

Patient _____ Date _____

Please circle any of the following condition/s or illness/s that you have/had:

- 1) Fevers
- 2) Weight Loss
- 3) Fatigue
- 4) Joint Pain
- 5) Night Sweats
- 6) Back Pain
- 7) Shortness of Breath
- 8) Palpitations
- 9) Dizzy Spells
- 10) Prior Heart Attack
- 11) Leg , Feet , or Hand Swelling
- 12) Heart Murmur
- 13) Pneumonia
- 14) Tuberculosis
- 15) Asthma
- 16) Heartburn or Ulcers
- 17) Hepatitis
- 18) HIV/AIDS
- 19) Urination Problems
- 20) Constipation/Diarrhea
- 21) Depression
- 22) Anxieties

Please list all the medications you are currently taking (include inhalers, herbs, and vitamins):