

**BROWDER**



**CLINIC, PLLC**

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**Annual Health Information Update**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Current Medical Problems \_\_\_\_\_

Medical History Update \_\_\_\_\_

Surgical History Update \_\_\_\_\_ Family History Update \_\_\_\_\_

New Medications \_\_\_\_\_ Drug Allergies \_\_\_\_\_

Exercise \_\_\_\_\_ Tobacco \_\_\_\_\_ Alcohol \_\_\_\_\_

Other Physicians Seen \_\_\_\_\_

**PLEASE CHECK IF YOU CURRENTLY HAVE ANY OF THE FOLLOWING CONDITIONS**

**General**

- Fatigue
- Fever
- Unexplained Weight Loss
- Anemia

**Eye**

- Eye Pain
- Vision Changes
- Glaucoma
- Cataracts

**Ear/Nose/Throat**

- Chronic Nasal Congestion
- Ear Pain
- Nose Bleeds
- Hearing Loss

**Lung**

- Cough
- Shortness of Breath
- Wheezing
- Snoring/Apnea

**Heart**

- Chest Pain
- Irregular Heart Beat
- Rapid Heart Beat
- Swelling of Legs

**Gastrointestinal**

- Abdominal Pain
- Nausea/Vomiting
- Abnormal Bowel Movements
- Difficulty Swallowing

**Gynecological**

- Pelvic Pain
- Abnormal Bleeding
- Vaginal Discharge
- Hot Flashes

**Breast**

- Pain
- Lump
- Discharge
- Cysts

**Joints**

- Arthritis
- Chronic Back Pain
- Muscle Pain
- Leg Cramps

**Urological**

- Painful Urination
- Blood in Urine
- Loss of Control of Urine
- Frequent Night Urination
- Slow Urinary Stream
- Overactive Bladder
- Kidney Stones
- Prostate Problem
- Erectile Dysfunction

**Psychological**

- Depression
- Anxiety
- Stress
- Panic
- Loss of Interest
- Poor Concentration
- Mood Changes
- Insomnia
- Sadness

**Neurological**

- Chronic Headaches
- Numbness
- Dizziness

**Skin**

- Recent Change in Mole
- Rash
- Itching
- Abnormal Lump or Gland