

EUDORA



Today's date

MEDICAL

Patient NAME

Date of birth

ILLNESS/DISEASE: Check all that apply for present and past illnesses

Your CARDIOlogist		Your GASTROenterologist	
Congestive heart failure		Acid reflux	
Coronary artery disease		Colitis	
Heart attack		Constipation	
Heart murmur		Crohn's	
High blood pressure		Diarrhea	
High cholesterol		Hepatitis	
Obesity		Hernia	
Peripheral vascular disease		Irritable bowel disease	
Stroke		Liver disease/Alcohol	
		Stomach ulcer(s)	

Your HEMEtologist/ONCologist		Your PULMonologist	
Anemia		COPD/Smoker	
Blood clot		Asthma	
Cancer		Oxygen dependent	
Vitamin deficiency		Sleep apnea	

Your NEURO/ORTHO/RHEUM/PODIATRIST/SPINE SPECIALIST		Your ENT or ENDOcrinologist	
Gout		Diabetes	
Lupus/Rheumatoid		Osteoporosis	
Osteoarthritis		Thyroid cancer	
Headache		Under or overactive thyroid	

Your PSYCHiatrist		Your NEPHROlogist or UROlogist	
Anxiety/Depression		Dialysis	
Bipolar		Frequent bladder infections	
Dementia		Kidney disease	
ADD/ADHD		Kidney stones	

Your ALLERGIST		Your infectious disease	
Allergies		Infection/STDs	
Your DERMotologist		Your PAIN specialist	
Acne/Eczema		Chronic pain	

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OPERATIONS		HOSPITALIZATIONS	
Year	Name of Operation	Year	Name of hospital

ALLERGIES			
Name of medication	Reaction	Name of medication	Reaction

MEDICATIONS			
Name	Dose and frequency	Name	Dose and frequency

PREVENTIVE SCREENINGS	Date	VACCINES	Date
Bone density		Covid vaccine/booster	
Calcium score		Flu vaccine	
Cardiac cath		Hepatitis vaccine	
Chest xray		Pneumonia vaccine(s)	
Colonoscopy		Shingles vaccine(s)	
ECHO			
EGD			
Mammogram			
Pap smear			
Prostate exam			
PSA			
STD testing			
Stress test			
TB skin test			
Vision Test			



MEDICAL

CHECK PROBLEMS THAT YOU'VE RECENTLY HAD

Family History

Birth Father

Birth Mother

Brother(s)

Sister(s)

Son(s)

Daughter(s)

Constitutional

Fever Chills Fatigue Large Weight Change

Skin

Acne Rash Moles

Eyes

Vision Change Irritation

Ears, Nose, Mouth, Throat

Hearing Loss Ear Pain Sore Throat Sinus

Dental Problems Mouth Ulcers

Lungs

Cough Shortness of Breath Wheezing

Heart

Chest Pain Irregular or Rapid Heart Beats

Stomach

Nausea Vomiting Diarrhea Constipation

Abdominal Pain Heartburn or Reflux Hemorrhoids

Loss of Appetite Blood in Stool

Urinary Tract & Kidneys

Burning or pain Frequency Incontinence

Urgency

Vaginal Problems