



10200 SW Eastridge St., Suite 205
Portland, OR 97225

Phone: 503-280-4555
Fax: 503-280-4559

Dear New Patient,

Please arrive 15 minutes prior to your appointment with your medical insurance card so you can complete the necessary paperwork.

For your convenience, we have included these forms with this letter. We would appreciate it if you could complete all your forms, including your medical history questionnaire, prior to your appointment.

Please do not forget to bring all your prescription medications and supplements to your appointment.

We look forward to meeting with you. Please do not hesitate to call us at 503-280-4555 with any questions.

CEDAR CREEK INTERNAL MEDICINE
10200 SW EASTRIDGE ST, SUITE 205
PORTLAND, OR 97225
(503) 280-4555 FAX: (503) 280-4559

NAME: _____
DATE OF BIRTH: _____
DATE OF VISIT: _____

CURRENT CONCERNS:

MEDICAL HISTORY

- 1.
- 2.
- 3.
- 4.
- 5.

PAST SURGERIES

- 1.
- 2.
- 3.

MEDICATIONS

SUPPLEMENTS

ALLERGIES

FAMILY HISTORY

- FATHER:
- MOTHER:
- SIBLINGS:

FAMILY HISTORY OF HEART DISEASE, TYPE 2 DIABETES, HYPERTENSION, HIGH CHOLESTEROL?

FAMILY HISTORY OF BREAST CANCER, OVARIAN, PROSTATE, OR COLON CANCER?

SOCIAL HISTORY

- EXERCISE/ACTIVITY:
- TOBACCO:
- ALCOHOL/RECREATIONAL DRUGS:
- OCCUPATION:
- MARITAL STATUS:
- CHILDREN:

CIRCLE ANY OF THE FOLLOWING SYMPTOMS:

- GENERAL: WEIGHT CHANGES, FEVER, NIGHT SWEATS
- EYES, EARS, NOSE, AND THROAT: VISION CHANGES, HEARING CONCERNS, SORE THROAT, SINUS CONGESTION
- LUNGS: COUGH, SHORTNESS OF BREATH, WHEEZING
- HEART: CHEST PAIN, LEG SWELLING, PALPITATIONS
- GASTROINTESTINAL: HEARTBURN, NAUSEA, VOMITING, DIARRHEA, CONSTIPATION, BLOOD IN STOOL
- GENITOURINARY SYSTEM: URINARY FREQUENCY, DISCOMFORT WITH URINATION, BLOOD IN URINE
- FEMALES/MENSTRUAL HISTORY
 - CYCLE LENGTH:
 - DURATION OF BLEEDING:
 - LAST MENSTRUAL PERIOD:
 - PREGNANCY DETAILS:
- MUSCULOSKELETAL: JOINT PAINS, LEG SWELLING
- NEUROLOGIC: MUSCLE WEAKNESS, TINGLING, NUMBNESS
- MOOD: DEPRESSION, ANXIETY
- ANY OTHER SYMPTOMS YOU ARE CONCERNED ABOUT:

SCREENING TESTS

- PAP SMEAR:
- MAMMOGRAM:
- SCREENING COLONOSCOPY:
- LAST TETANUS BOOSTER:
- ANY OTHER VACCINATIONS: