309 La Grande Boulevard
Lady Lake, Florida 32159
Mailing Address: PO Box 1804
Lady Lake, Florida 32158
Phone: (352) 750-1999
Fax: (352) 750-1998
www.ASAFHC.com

John Burress, D.O.
Consulting Physician

Francis E. Neuzil, Jr., Ph.D., APRN-BC
Board Certified Adult Medicine

Problem: State why you want to see the Practitioner.

_____
_____

Medications**:** List all medications you are taking.

_____
_____
_____

Allergies: What medications or food are you allergic to?

_____
_____

Past Medical History: List any past illnesses or surgeries:

_____
_____

Do you smoke? Yes___ No____ If no, have you ever smoked in the past? Yes____ No_____ Quit date: _____

Review of Symptoms: Circle any symptom below that describes a problem you are now having.

Allergic:	**Eyes**:	**Mouth**:	**Sinus**:	**Respiratory**:
Itchy ears	Double vision	Itchy mouth	Post Nasal Drip	Coughing
Itchy eyes	Blurred vision	Mouth lesions	Nasal blockage	Wheezing
Itchy nose	Difficulty with vision	Teeth problems	Sinus pressure	Chest tightness
Hives (welts)			Frequent colds	Chest congestion
Nasal drainage	**Ears**:	**Throat:**	Sinus infections	Trouble breathing
Nasal congestion	Ear infections	Itchy throat	Difficulty smelling	Excessive sputum
Excessive sneezing	Pressure in ears	Throat clearing	Sinus headaches	Shortness of breath
	Difficulty hearing	Phlegm in throat		

Constitutional:	**Skin:**	**Musculoskeletal:**	**Cardiovascular:**	**Gastrointestinal:**
Fever	Hives	Fatigue	Fainting	Ulcers
Nausea	Swelling	Dizziness	Chest Pain	Diarrhea
Weight Loss	Skin rash	Weakness	Palpitations	Vomiting
Constipation	Skin lesion	Muscle pain	Heart problems	Heartburn
Trouble sleeping	Skin itching	Muscle aches	High blood pressure	Stomach pain

Please describe any symptom(s) not listed above:

_____
_____

Have you had a bad reaction to an insect sting or bite? Yes____ No____ If yes, what insect? _____

Modifying factors: Circle any item below that makes you worse:

Dust	Smoke	Odors	Anger
Exertion	Animals	Foods	Infection
Raking leaves	Mowing the grass	Exercise	Vacuuming
Cleaning house	Weather changes	Change of season	Air conditioning

Family History: Who in your family has had?

Cancer _____
Heart attack _____
Allergies _____
Asthma _____
High blood pressure _____
Headaches _____
Other _____