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Phone:

Fax:

CIM Est. Patient CPE previsit review

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# Comprehensive Internal Medicine, P.C.

## Established Patient CPE Pre-visit Review

1. List your current medications:

2. How many servings of alcohol do you have per week? -1

3. Do you smoke?  Yes  No

If so, how many cigarettes per day? -1

4. How many days per week do you exercise? -1

5. Is there any new family medical history since your last visit?  Yes  No

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6. Do you have a loss of interest or pleasure in doing things? -1

7. Are you feeling down, depressed or hopeless? -1

8. Review of Systems:

Have you recently (ie in the last 1-2 weeks) had any of the following:

- |  |  |
|--|--|
| <input type="checkbox"/> Fever                       | <input type="checkbox"/> Swelling of the legs                      |
| <input type="checkbox"/> Change in weight            | <input type="checkbox"/> Shortness of Breath, Coughing or Wheezing |
| <input type="checkbox"/> Change in vision            | <input type="checkbox"/> Abdominal Pain                            |
| <input type="checkbox"/> Runny Nose                  | <input type="checkbox"/> Change in bowel habits                    |
| <input type="checkbox"/> Nose bleeds / easy bruising | <input type="checkbox"/> Blood in the stool                        |
| <input type="checkbox"/> Rash                        | <input type="checkbox"/> Headache                                  |
| <input type="checkbox"/> Chest pains                 | <input type="checkbox"/> Dizziness/fainting                        |
| <input type="checkbox"/> Joint pains                 | <input type="checkbox"/> Depression Anxiety                        |

9. This visit is for preventative care; are there any problems you would like to discuss in addition to the wellness visit?

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Verbal Responses recorded by employee

Employee Initials and Date