



Nubia Fonseca MD  
INTERNAL MEDICINE

 TopLine MD Alliance

## New patient Questionnaire

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_

Tel number \_\_\_\_\_

Patient's relation to contact \_\_\_\_\_

Pharmacy \_\_\_\_\_

Secondary Pharmacy \_\_\_\_\_

Insurance \_\_\_\_\_ Member ID \_\_\_\_\_

Group number \_\_\_\_\_

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## Clinical Information

### General:

Have you gained or lost weight recently?	YES / NO .	Night sweats	YES / NO.
Sleep disturbance	YES / NO	Fatigue	YES / NO
Are you having fever, chills or sweats?	YES / NO.	Change in appetite	YES / NO.

### Eyes:

Double Vision	YES / NO.	Shortness of breath	YES / NO
Have you ever lost vision?	YES / NO.		

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### Allergic/Immunologic:

Sneezing	YES / NO.	Drug Allergies	YES / NO
Watery eyes	YES / NO.		

### Neurological:

Trouble sleeping	YES / NO.		
Numbness/tingling	YES / NO.	Tremor	YES / NO.
Balance difficulty	YES / NO.	Difficulty speaking	YES / NO.
Headache	YES / NO.		
Seizures	YES / NO.		

### Endocrine:

Tired/sluggish	YES / NO.	Chronic thirst	YES / NO.
Enlarged thyroid	YES / NO.	Too hot/cold	YES / NO

### Gastrointestinal:

Indigestion	YES / NO .	Abdominal pain	YES / NO.
Heartburn	YES / NO.	Nausea	YES / NO
Vomiting	YES / NO.	Blood in stool	YES / NO.
Constipation	YES / NO.	Rectal bleeding	YES / NO.

### Cardiovascular:

Varicose veins	YES / NO.	High blood pressure	YES / NO.
Chest pain	YES / NO.	Difficulty laying flat	YES / NO.
Fluid accumulation in the legs	YES / NO.	Shortness of breath	YES / NO
Irregular heartbeat	YES / NO.	Palpitations	YES / NO.

### Genitourinary:

Painful/ Frequent urination	YES / NO.	Pain with urination	YES / NO.
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### Respiratory:

Frequent Cough	YES / NO.	Asthma	YES / NO.
Wheezing	YES / NO.	Sputum production	YES / NO

### Hematologic/Lymphatic:

Blood clotting problem	YES / NO.	Anemia	YES / NO.
Tender Lymph Nodes	YES / NO.	Enlarged Lymph Nodes	YES / NO .

### Musculoskeletal:

Joint Pain	YES / NO.	Swelling in your joints	YES / NO.
Arthritis	YES / NO.		