



# Monarch Integrative Medicine

Stacey J Kuhns, MD

267 Schuylkill Road, Phoenixville, PA 19460 O: 610-935-4745 F: 610-935-4748

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH ADDITIONAL PAGES IF NEEDED**

**REASON FOR VISIT:**

**ALLERGIES AND REACTION:** \_\_\_\_ No Known Drug Allergies

**MEDICATIONS WITH DOSE AND FREQUENCY:** \_\_\_\_ No Medications

**MEDICAL HISTORY:**

**PAST SURGICAL HISTORY (list dates):**

Tubes in Ears	Gall Bladder Removed
Sinus Surgery	Appendix Removed
Tonsils and Adenoids Removed	Bariatric Surgery
Extensive Dental Work	Colon Surgery
Coronary Artery Surgery (CABG)	Joint Replacement
Coronary Stent	Knee Surgery (L or R)
Inguinal Hernia Repair (L or R)	Hip Surgery (L or R)
Umbilical Hernia Repair	Shoulder Surgery (L or R) Uterus Removed
Breast implants	Tubes or Ovary Removed (L or R)
Thyroidectomy –complete or partial	Uterus and both tubes and ovaries removed

**OTHER SURGERIES AND DATES:**

**SUPPLEMENTS:**

**FAMILY HISTORY:**

- Mother**
- Father**
- Siblings**
- Grandparents**
- Children**



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**SOCIAL HISTORY:**

**1) Marital Status:**

**Children (number, gender, and ages):**

**Who currently lives with you?**

**2) Occupation**(if retired, list prior job):

**3) Smoking Status:** nonsmoker \_\_\_; ex-smoker \_\_\_; current smoker/chew tobacco \_\_\_

If current or ex- smoker: \_\_\_ #packs/day for \_\_\_ # of years; Quit date: \_\_\_\_\_

**4) Illegal drug or marijuana use:** which drugs?

**5) Are you sexually active?** yes \_\_\_; no \_\_\_

Sexual Orientation: Heterosexual \_\_\_; Homosexual \_\_\_; Bisexual \_\_\_

**6) Bowel Movements:** #BM \_\_\_\_\_ per DAY or WEEK (circle one)

Normal, Diarrhea, Loose, Constipation, Alternating, Blood in stool (circle)

**7) How is your Energy?** Poor, Average, Good

**8) Sleep:** Problems falling asleep \_\_\_; Problems staying asleep \_\_\_; # Hours sleep/night \_\_\_

**9) Exercise:** what type, how often, how much time/session?

**10) Stress Timeline:** (parents, kids, school, divorce, job, move, abuse, death, finances, health issues)

**Childhood:**

**College Years/20's:**

**30's-Present:**

**Typical Diet:**

Caffeine # 8 oz cup /day _____	Gluten Free
Alcohol # Drinks/day _____	Dairy Free
Alcohol # Drinks/wk _____	Soy Free
Paleo Diet	Egg Free
Other Diet:	Vegetarian—Eat Egg, Dairy, Fish, or Vegan

Breakfast	Lunch	Dinner	Snack	Drink



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### HEALTH MAINTENANCE (most recent date):

Colonoscopy: \_\_\_\_\_ Pap: \_\_\_\_\_ Mammogram: \_\_\_\_\_ Dexa Scan: \_\_\_\_\_

PSA: \_\_\_\_\_ Lipid test: \_\_\_\_\_ Hepatitis C Screen: \_\_\_\_\_ HIV screen: \_\_\_\_\_

If Diabetic: Eye exam: \_\_\_\_\_ Foot exam: \_\_\_\_\_ Microalbumin: \_\_\_\_\_ A1C \_\_\_\_\_

### IMMUNIZATIONS (most recent date)

Tetanus/DTAP: \_\_\_\_\_ Prevnar 13: \_\_\_\_\_ Pneumovax: \_\_\_\_\_ MMR: \_\_\_\_\_

Flu: \_\_\_\_\_ Meningitis A: \_\_\_\_\_ Meningitis B: \_\_\_\_\_ Hepatitis B: \_\_\_\_\_ PPD: \_\_\_\_\_

### CONSTITUTIONAL (circle or check all that apply)

Fatigue	Caffeine consumption >2 cups/day
Weight Loss—how much/time? _____	Low Vitamin D
Weight Gain—how much/time? _____	Low Vitamin B12
Trouble falling asleep	Nap during the day
Trouble staying asleep	Fever

### SKIN/HAIR

Rash	Rosacea
Itching	Acne
Hair Loss	Psoriasis
Facial Hair Growth on Females	Eczema
Recurrent hives	Skin Cancer

### HEAD/EAR/NOSE/THROAT

Vertigo	Recurrent pharyngitis
Dizziness	Increased phlegm in throat
Photophobia—sensitive to light	Hx of Tubes in Ears
Sensitive to sound	Tonsils and adenoids removed
Eye discharge	Sinus Surgery
Dry eyes/Dry mouth	Extensive Dental Work
Coating on tongue	Frequent Antibiotic Use
Thrush	Tinnitus—ringing in the ear
Recurrent sinus infections	Burning Mouth
Recurrent ear infections	Sore Throat
Stuffy Runny Nose	Hoarse

### CARDIOVASCULAR

Chest pain or tightness	+MTHFR—Which form? Homozygous,
Palpitations	Heterozygous, C677T, A1298C, Compd
Leg edema	Heterozygous
High homocysteine	Coronary Artery Disease
High cholesterol	Blood thinners
Hi triglycerides	Hypertension
Low HDL (good cholesterol)	Atrial Fibrillation
	Heart Attack History



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## PULMONARY

Cough	Obstructive Sleep Apnea
Wheeze	COPD-Chronic Obstructive Pulm Disease
Short of breath	Asthma
Recurrent bronchitis or pneumonia	Snoring

## HEMATOLOGY

Increased bruising/bleeding	Anemia
High ferritin/iron	Hereditary Hemochromatosis
Low ferritin/iron	Low WBC

## GI

Nausea	Food Allergies
Vomiting	Leaky gut
Heartburn	SIBO-Small Bowel Overgrowth
Abdominal pain	Irritable Bowel Syndrome
Diarrhea	Candida
Constipation	Parasites
Bloating	H Pylori
Abnormal Liver Function Tests	C-Diff
History Alcohol Abuse	Colon Polyp
Gall bladder problem	Colon Cancer
Blood in Stool	Diverticulitis

## GYN/UROLOGY

Dysuria	PCOS—Polycystic Ovarian Syndrome
Frequency	Breast Cancer
Urgency	Hormone Replacement Therapy (HRT)
Recurrent UTI	Premature Menopause
Hot Flashes	Menopausal
Recurrent vaginal infections	Interstitial cystitis
Heavy menses	Uterine Fibroids
Amenorrhea-no period	Endometriosis
Fibrocystic breast tenderness	Kidney stones
PMS	Urinary Incontinence
Vaginal dryness	Chronic Kidney Disease
Decreased libido	Blood in Urine

## MUSCULOSKELETAL

Neck pain	Fibromyalgia
Back pain	Lyme Disease
Joint pain—where? _____	Rheumatoid arthritis
Migratory joint pain	Psoriatic arthritis
Myalgia	Joint replacement –where? _____
Tick bite/Bulls eye rash	Osteopenia
Frequent falls	Osteoporosis
Opportunity for tick—dog, woods, hike, etc	Swelling of Joints



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### ENDOCRINE

Low blood sugar	Prediabetes
Sugar cravings	Diabetes
Salt cravings	Hypothyroid
Excessive thirst	Hashimoto's
Trouble losing weight	Hyperthyroid/Graves
Trouble coping with stress/ cry easily	Thyroid Cancer
Adrenal Fatigue	Hyperparathyroidism / Hi Calcium

### NEUROLOGY

Headaches	Migraine HA
Dizziness	Parkinson's
Tingling in extremities	Alzheimer's

### PSYCHIATRY

Anxiety	Bipolar
Depression	GAD—Generalized Anxiety Disorder
Suicidal thoughts	OCD—Obsessive Compulsive Disorder
Brain fog	Parkinson's
Memory loss	Alzheimer's
Worrier	

### ENVIRONMENTAL

Allergies –environment	Allergies shots
Toxin exposure	Swimming regularly
Mercury fillings in mouth	Mold exposure
Mercury fillings removed	
New Home/Construction/ Remodeling	

### PHARMACY:

Local: \_\_\_\_\_

Mail-away: \_\_\_\_\_

Compounding: \_\_\_\_\_