Medical Office Building

1100 Goethals Drive, Richland



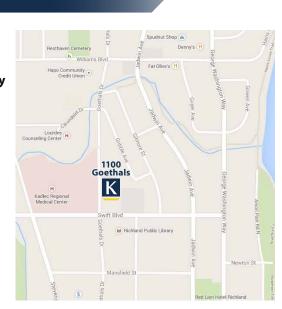
DIRECTIONS

From **I-182** Take **George Washington Way** (Exit 5B)

Turn left on Swift Boulevard

Turn right on **Goethals Drive** (third right)

1100 Goethals Drive is one block on the right





First Floor

Infectious Disease (509) 942-2360

Neuroscience Center (509) 942-3080

Second Floor

Ear, Nose and Throat (509) 942-3288

Endocrinology (509) 942-3288

Foot and Ankle (509) 942-3288

General and Colorectal Surgery (509) 942-3288

Nephrology (509) 942-3288

Urology (509) 942-32880

Tri-Cities Laboratory (509) 946-4887

Third Floor

Inland Cardiology (509) 942-3272

Cardiothoracic Surgery (509) 942-3095

Interventional Radiology (509) 942-3095

Pulmonology (509) 942-3095

Vascular Surgery (509) 942-3095

www.kadlecclinic.org

Your answers to this form will help your health care provider better understand your medical concerns and conditions. If you are uncomfortable with any question, do no answer it. If you cannot remember specific details, please provide your best guess. Thank you!!

Name:		Date of Bi	rth:
Height:	Weight:	Date of Bi	
REASON FOR VIS	SIT:		
Previous treatmen	t for this problem:		
Drug Allergies:	please list reaction	○ NKDA (No known drug)	allergies)
		Reaction:	o ,
Type/Drug:		Reaction:	
Type/Drug:		Reaction:	
Type/Drug:		Reaction:	
	any medication at this time		mins, herbs and other supplemen
MEDICATION/DRI		DSE (mg) FREQUEN	ICY (times per day)
		······································	· · · · · ·
	medical conditions that may		
	medical conditions that may Chemical Dependence Congestive Heart Failure COPD/ Smokers Lung	apply:	 High Cholesterol Kidney Stones Osteoporosis
Please check any	medical conditions that may	apply:	Kidney Stones
Please check any Alcohol Abuse Anemia Anxiety Arthritis	medical conditions that may Chemical Dependence Congestive Heart Failure COPD/ Smokers Lung Crohn's Disease	apply: Domestic Violence DVT-Blood Clots Erectile Dysfunction GERD	 Kidney Stones Osteoporosis Peripheral Vascular Disease
Please check any Alcohol Abuse Anemia Anxiety Arthritis Asthma	medical conditions that may Chemical Dependence Congestive Heart Failure COPD/ Smokers Lung Crohn's Disease CVA Stroke	apply: Domestic Violence DVT-Blood Clots Erectile Dysfunction GERD Gout	 Kidney Stones Osteoporosis Peripheral Vascular Disease Rheumatoid Arthritis
Please check any Alcohol Abuse Anemia Anxiety Arthritis Asthma Atrial Fibrillation	medical conditions that may Chemical Dependence Congestive Heart Failure COPD/ Smokers Lung Crohn's Disease CVA Stroke Dementia	apply: Domestic Violence DVT-Blood Clots Erectile Dysfunction GERD Gout Heart Problems	 Kidney Stones Osteoporosis Peripheral Vascular Disease Rheumatoid Arthritis Seizure Disorder

Date	Type of Surgery		Location	
Social History:				
Are you:	□ Full-Time	□ Part-Time	Modified Duty	
Occupation:_		_Employer:		
	Previous Occupation:_ Previous Occupation:_			
Marital Status: 🗆 S	ingle 🛛 Partner/Marrie	ed 🗆 Divorced 🛛	Widowed 🛛 Other	
Is there a possibility	you may be pregnant?	□ Yes □ No If yes, ho	ow many weeks?	
Spouse/Partners Na	ame:			
Family History: Nother: Alive D Cause of Death/Medi Father: Alive D	□ Adopted DeceasedAge (ical problems: DeceasedAge (N	(Now or at Death) Now or at Death)		
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PLEASE CHECK ALL THAT APPLY

CONSTITUTION

- □ Activity Change
- □ Appetite Change
- Chills
- □ Fatigue
- □ Fever
- Unexpected Weight Change

HENT

- Neck Pain
- Hearing Loss
- Tinnitus
- □ Sinus Pressure
- Dental Problems
- Drooling
- Mouth Sores
- Trouble Swallowing
- □ Voice Change

EYES

- Eye Pain
- □ Eye Redness
- Photophobia
- Visual Disturbance

- RESPIRATORY
- Cough
- Shortness of Breath

CARDIOVASCULAR

- Chest Pain
- Leg Swelling
- Palpitations

GI

- Abdominal Pain
- □ Constipation
- Diarrhea
- Nausea
- Vomiting

GENITOURINARY

- Difficulty Urinating
- Dysuria
- Frequency

MUSCULOSKELETAL

- □ Arthralgia's (Joint Pain)
- Back Pain
- Gait Problem

SKIN

Rash

- Joint Swelling
- Myalgia's (Muscle Pain)

HEMATOLOGIC

NEUROLOGICAL

□ Facial Asymmetry

□ Light-headedness

□ Speech Difficulty

□ Syncope (Fainting)

Dizziness

□ Headaches

□ Numbness

Seizures

□ Tremors

□ Weakness

□ Bruises/Bleeds Easily

PSYCHIATRIC

- □ Agitation
- □ Confusion / Memory Loss
- $\hfill\square$ Decreased Concentration
- Dysphonic (Changing) Mood / Depression
- Hallucinations
- □ Nervous/Anxious
- □ Sleep Disturbance