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Personal Physicians

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### ANNUAL HEALTH UPDATE

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

Date: \_\_\_\_\_

Updated Medication List. (Please include over-the-counter medications and supplements)

Have you seen any other physicians such as dermatologist or ophthalmologist in the last year?

Any hospitalizations?

Have you had any surgical procedures in the past year?  Colonoscopy  Mammogram  Pap Smear  
 Bone Density  Other (Please describe)

Are you feeling fine?  Yes  No If not, have you experienced any of the following?

General:  Weight loss  Weight gain  Poor appetite  Weakness  Night sweats  Loss of energy  
 Little interest or pleasure in doing things  Irritability  Insomnia or excessive sleep  
 Trouble concentrating  Worrying more recently  Recent major stress or loss  Anxiety

Do you smoke?  Yes  No If yes, how much? \_\_\_\_\_

Do you drink alcohol?  Yes  No If yes, how much per week? \_\_\_\_\_

Skin:  Rashes  Changes in your hair or skin

Head:  Headaches  Dizziness or light headedness

Eyes:  Double vision  Blurred vision  Redness  Tearing

Ears:  Earache  Vertigo  Ringing or noises in the ear(s)  Difficulty hearing

Nose: Do you frequently have a stuffy nose when you do not have a cold?  Yes  No

Frequent nose bleeds  Post nasal drip  Trouble smelling  Allergies (If yes, to what?)

Mouth:  Dental problems  Loss of taste  Gingivitis

Neck:  Swollen glands  Persistent hoarseness

Breast:  Tenderness  Lumps or swelling  Discharge

Respiratory:  Cough  Coughing up blood  Wheezing  Shortness of breath

(If yes:  at rest  with exertion)

Cardiovascular:  Chest pain  Palpitations  Irregular heart beat  Fainting spells

Cramps in your legs with walking  Nighttime leg cramps

Gastrointestinal:  Abdominal pain  Heartburn  Reflux  Change in bowel habits

Constipation  Diarrhea  Bloody stools

Genitourinary:  Burning on urination  Blood in the urine  Getting up at night to urinate

Kidney stones  Urgency  Incontinence

Musculoskeletal:  Problems with your muscles or joints  Back pain

Neurological:  Tremors  Numbness or tingling  Muscle weakness

Please complete this form and bring to your appointment, or you may fax it to 210-822-2215.