



NORTH GEORGIA  
**DIABETES AND  
ENDOCRINOLOGY**

Geetha R. Soodini, MD  
Dawn Smiley-Byrd, MD  
Whitney Quinlan, NP  
Stephenie Tsui, PA-C  
Salimah Chagani, NP

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**GENERAL**

- Weight loss  Yes  No
- Weight gain  Yes  No
- Fatigue  Yes  No

**EYE**

- Loss of vision  Yes  No
- Double vision  Yes  No
- Bulging eyes  Yes  No
- Dry eyes  Yes  No

**ENT**

- Persistent hoarseness  Yes  No
- Sinus Congestion  Yes  No

**CARDIAC**

- Chest pain or pressure  Yes  No
- Palpitations  Yes  No
- Leg swelling  Yes  No

**LUNGS**

- Shortness of breath  Yes  No
- Cough  Yes  No
- Wheezing  Yes  No

**DERMATOLOGY**

- Excessive dry skin  Yes  No
- Excessive hair growth  Yes  No
- Acne  Yes  No
- Vitilgo  Yes  No
- Skin ulcer  Yes  No

**NEUROLOGIC**

- Tremor  Yes  No
- Frequent headache  Yes  No
- Tingling  Yes  No
- Numbness  Yes  No
- Burning pain in feet  Yes  No
- Seizures  Yes  No

**PSYCHIATRIC**

- Depression  Yes  No
- Sleep disturbances  Yes  No
- Eating disorder  Yes  No
- Anxiety  Yes  No

**ENDOCRINOLOGY**

- Excessive thirst  Yes  No
- Sensitive to cold temperature  Yes  No
- Sensitive to hot temperature  Yes  No
- Urination at night  Yes  No
- Breast growth (men)  Yes  No
- Breast discharge  Yes  No

**GASTROINTESTINAL**

- Constipation  Yes  No
- Diarrhea  Yes  No
- Vomiting  Yes  No
- Nausea  Yes  No
- Heartburn  Yes  No
- Abdominal pain  Yes  No

1505 Northside Blvd., Suite 2800 • Cumming, GA 30041 • Phone: 770-886-3842 • Fax: 770-886-3843  
3350 Paddocks Parkway • Suwanee, GA 30024 • Phone: 678-735-5300 • Fax: 770-886-3843



Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**URINARY**

- Difficulty urinating  Yes  No
- Erectile Dysfunction  Yes  No
- Nocturia  Yes  No
- Poor libido  Yes  No

**GYNECOLOGICAL**

Last menstrual period? \_\_\_\_\_

- Number of pregnancies  0  1  2  3  4  5  6  7  8
- Number of miscarriages  0  1  2  3  4  5  6  7  8
- Number of live births  0  1  2  3  4  5  6  7  8
- How many greater than 9 lbs?  0  1  2  3  4  5  6  7  8
- Irregular Periods  Yes  No
- Hot flashes  Yes  No

**MUSCULOSKELETAL**

- Joint stiffness  Yes  No
- Joint pain  Yes  No
- Back pain  Yes  No
- Muscle cramping  Yes  No
- Fracture  Yes  No