

# Sharon McBeth, M.D.

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## Beverly Hills DRx Concierge



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SHARON MCBETH, M.D.  
HISTORY & PHYSICAL

Beverly Hills DRx Concierge 8920 Wilshire Blvd.,  
Suite 603, Beverly Hills, CA 90211 310 734 7333

NAME \_\_\_\_\_

DOB \_\_\_\_\_ HOTEL \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL \_\_\_\_\_

**HISTORY**

**Source** Family (relationship: \_\_\_\_\_) Caretaker Other Unobtainable due to patient's condition  
If the historian is not the patient, does the identified party have Durable Power of Attorney for Healthcare (DPOAHC) Yes No

**Identification** Sex Male Female Age: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Residence (or geographical area): \_\_\_\_\_ Race: \_\_\_\_\_

\*Chief Complaint (in patient's own words): \_\_\_\_\_

\*History of Present Illness ("HPI"): \_\_\_\_\_

Severity of pain right now: 

0	1	2	3	4	5	6	7	8	9	10
No pain					Worst pain					

 \_\_\_\_\_

Location: \_\_\_\_\_ Radiation: \_\_\_\_\_

Quality: \_\_\_\_\_ Modifying factors: \_\_\_\_\_

**\*Past Medical History**

**Chronic illnesses** (details below) Coronary Artery Disease Hypertension (dx date: \_\_\_\_\_)  
Diabetes (insulin dependent dx date: \_\_\_\_\_) (non-insulin dependent dx date: \_\_\_\_\_)  
Cancer Osteoporosis Chronic Obstructive Pulmonary Disease Asthma  
Peptic Ulcer Disease Seizure disorder Congestive Heart Failure None  
Other: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Injuries / Fractures: \_\_\_\_\_

Emergency Department visits: \_\_\_\_\_

Psychiatric Illness / Inpatient Admissions: \_\_\_\_\_

Gynecological History (if applicable): Gravida \_\_\_\_ Para \_\_\_\_ Spontaneous Ab \_\_\_\_ Therapeutic Ab \_\_\_\_

Date of last pelvic exam/pap smear: \_\_\_\_\_

Medications None Daily: \_\_\_\_\_

Occasional: \_\_\_\_\_

Herbal / Homeopathic / Supplemental: \_\_\_\_\_

## HISTORY(Cont'd)

<b>Immunizations</b>	<b>No</b>	<b>Yes</b>	Pneumovax (date: _____)	Cannot remember)
			Influenza (date: _____)	Cannot remember)
			Tetanus (date: _____)	Cannot remember)
			Hepatitis B (date: _____)	Cannot remember)
			Other: _____	

**\*Allergies (reactions) *Note: please also see RN admitting intake form regarding allergies.***

NKA	Sulfa (_____)	Penicillin (_____)	Shellfish (_____)
IV dye (_____)		Codeine (_____)	
Other: _____			

**\*Past Surgical History**

Appendectomy (date: _____)	Coronary Artery Bypass Graft (date: _____)
Cholecystectomy (date: _____)	Valve replacement (type: _____ date: _____)
Other: _____ (date: _____) None	

**\*Social History**

<b>Marital status</b>	Single	Married	Partner	Divorced	Separated
<b>Tobacco</b>	Never	Past	Present	Pack(s) _____	Years _____ Quit _____ (Mos / Yrs)
<b>Alcohol</b>	Never	Occasional	Moderate	Excess	
<b>Other drugs</b>	Marijuana	Narcotics	Cocaine	Other: _____	
Counseled regarding above					

**Pets:** \_\_\_\_\_ **Recent travel:** \_\_\_\_\_

**\*Family History**

**Familial Diatheses** (e.g. premature coronary artery disease, diabetes, cancer, autoimmune disease, etc.)

Yes (details below)                      None

\_\_\_\_\_

\_\_\_\_\_

**Psychiatric Illness:** \_\_\_\_\_

**\*REVIEW OF SYSTEMS - Please note: N/A and the null sign (∅) are not acceptable entries.** **OTHER**

**Unable to obtain Review of Systems due to patient's condition.**

<b>Constitutional</b>	WNL	Fatigue	Weight loss	Weight gain
	Sweats	Anorexia	Fever	See HPI

<b>Integumentary</b> (skin, hair, nails)	WNL	Rash
Itching	see HPI	

<b>*Musculoskeletal</b>	WNL	Pain	Swelling	Stiffness	Weakness
	Disc problems		see HPI		

<b>Hematologic</b>	WNL	Anemia	Bleeding	Thrombosis
	Lyrnohadenoatny		See HPI	

<b>Endocrine</b>	WNL	Heat intolerance	Cold intolerance
	Metabolic problems	Impotence	See HPI

<b>Allergic and immunologic</b>	WNL	Food Sensitivities	Hives
Seasonal Allergies	Frequent infections		See HPI

<b>*Neurologic</b>	WNL	Headache	Seizures	Weakness
	Chronic pain	Memory loss	Numbness	See HPI

<b>Ophthalmologic</b>	WNL	isual disturbances
	Color blindness	See HPI

<b>*Ears, nose, mouth, throat</b>	WNL	Tinnitus	Deafness	Infections
	Deviated Septum	Oral ulcers	Dental problems	
	Masses	Rhinitis	Hoarseness	See HPI

<b>*Neck</b>	WNL	Stiffness	Pain
	Masses	See HPI	

<b>*Respiratory</b>	WNL	Cough	Shortness of breath	Wheezing
Hemoptysis	Pleurisy	See HPI		

<b>*Cardiovascular</b>	WNL	Chest pain	Palpitations	Orthopnea
Edema	Paroxysmal Nocturnal Dysonea		See HPI	

<b>*Cardiovascular</b>	WNL	Nausea	Vomiting	Diarrhea	Abdominal pain
Jaundice	Hematemesis	Hematochezia	Gas	Hernia ( R / L)	
Change in habits (frequency / color / consistency) _____					
Melena	See HPI				

**\*REVIEW OF SYSTEMS - cont'd**

<b>*Genitourinary</b>	WNL	Dysuria	Polyuria	Hesitancy
	Sexually Transmitted Diseases		Incontinence	
<b>Male:</b>	Urethral discharge	Testicular pain	See HPI	

<b>Gynecologic</b> (if applicable)	WNL	Amenorrhea	Dysmenorrhea	Metrorrhagia
Menorrhagia	Post-menopausal	Vaginal discharge	See HPI	

<b>Psychological</b>	WNL	Anxiety	Depression	Suicidal
	Homicidal	Hospitalizations	See HPI	

**All systems reviewed and no positive findings.**