

MIDDLE COUNTRY ENDOCRINOLOGY,PC

MEDICAL HISTORY FORM

PATIENT NAME: _____ **DATE:** _____

DO YOU HAVE ANY ALLERGIES TO MEDICATIONS ONLY? IF SO, PLEASE SPECIFY:

PHARMACY NAME AND PHONE #

CHECK ANY OF THE FOLLOWING THAT PERTAIN TO YOU:

- | | |
|--|--|
| <input type="checkbox"/> NO KNOWN MEDICAL PROBLEMS | <input type="checkbox"/> THYROID DISEASE |
| <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> EMPHYSEMA |
| <input type="checkbox"/> CORONARY ARTERY DISEASE | <input type="checkbox"/> COPD/LUNG PROBLEM |
| <input type="checkbox"/> PERIPHERAL VASCULAR DISEASE | <input type="checkbox"/> OVERWEIGHT |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> PAST HEART ATTACK | <input type="checkbox"/> CANCER |
| <input type="checkbox"/> IMMUNE DISORDER | <input type="checkbox"/> HEPATITIS A/B/C |
| <input type="checkbox"/> TUBERCULOSIS | <input type="checkbox"/> BLOTT CLOT (DVT) |
| <input type="checkbox"/> LIVER DISEASE | <input type="checkbox"/> OTHER(SPECIFY) |
| <input type="checkbox"/> SEIZURE DISORDER | _____ |

HAS ANYONE IN YOUR IMMEDIATE FAMILY HAD ANY OF THE FOLLOWING?

- | | |
|--|--|
| <input type="checkbox"/> NONE KNOWN | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> CANCER | <input type="checkbox"/> TUBERCULOSIS |
| <input type="checkbox"/> LEUKEMIA | <input type="checkbox"/> CORONARY ARTERY DISEASE |
| <input type="checkbox"/> STROKE | <input type="checkbox"/> DIABETES |
| <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> SEIZURE DISORDER |
| <input type="checkbox"/> THYROID DISEASE | <input type="checkbox"/> OTHER(SPECIFY) |
| <input type="checkbox"/> COLITIS | _____ |
| <input type="checkbox"/> BLEEDING TENDENCY | |

PLEASE LIST ANY SURGERY OR HOSPITALIZATIONS. PLEASE INDICATE DATES.

DO YOU CONSUME ALCOHOL, IF SO, SPECIFY _____

DO YOU SMOKE CIGARETTES, IF SO, HOW MUCH AND FOR HOW LONG: _____

DO YOU NOW OR HAVE EVER USED DRUGS? _____

CURRENT MEDICATIONS: (NAME/STRENGTH AND # OF TIMES TAKEN DAILY)

