

LOS GATOS MEDICAL GROUP
Family Medicine & Urgent Care

555 Knowles Drive, Ste # 109
Los Gatos, CA 95032
Tel: 408 370 0200
Fax: 408 370 0202

SHAMALA MOHANASUNDARAM, MD
FAMILY MEDICINE

NEW PATIENT QUESTIONNAIRE

** Some of this information is required by the CMS (Centers for Medicare and Medicaid Services). Your demographic answers will never affect your care.*

Today's Date: _____ Date of Birth: _____

First Name Middle Initial Last Name

Male Female

Primary Language: English Spanish
 Other _____

Race: White African-American Asian
 American Indian/Eskimo Pacific Islander
 Other _____

Ethnicity: non-Hispanic Hispanic

Social Security Number (if Medicare): - -

Street Address

City State Zip Code

Cell Phone #: _____ Home Phone #: _____

Email Address:

LOS GATOS MEDICAL GROUP
Family Medicine & Urgent Care

555 Knowles Drive, Ste # 109
Los Gatos, CA 95032
Tel: 408 370 0200
Fax: 408 370 0202

SHAMALA MOHANASUNDARAM, MD
FAMILY MEDICINE

Occupation: _____
Employer/School: _____
Work Phone #: _____

Emergency Contact Name: _____
Relation to you: _____
Emergency Contact Phone #: _____

Do you allow the doctor to disclose health information in case of emergency to
your Emergency Contact No Yes

Pharmacy Name and Address:

SINGLE MAIN REASON FOR DOCTOR'S VISIT TODAY:

PLEASE NOTE: ANY CONCERNS DISCUSSED AND MANAGED AT
THE TIME OF WELL VISIT IS CONSIDERED AS AN OFFICE VISIT
AND THERE MAY BE ADDITIONAL CHARGE.

Who are your other doctors?

NAME

SPECIALTY

LOS GATOS MEDICAL GROUP

Family Medicine & Urgent Care

555 Knowles Drive, Ste # 109

Los Gatos, CA 95032

Tel: 408 370 0200

Fax: 408 370 0202

SHAMALA MOHANASUNDARAM, MD

FAMILY MEDICINE

PAST MEDICAL HISTORY:

<input type="checkbox"/> Cancer: (Type and Treatment) <hr/>	MUSCULOSKELETAL <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteopenia/Osteoporosis
CARDIOVASCULAR <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> MI/heart attack <input type="checkbox"/> Vascular Disease <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Check if you have a Pacemaker <input type="checkbox"/> Check if you have a Defibrillator? <input type="checkbox"/> Heart Problems: What kind?	INFECTION/IMMUNOLOGIC <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tuberculosis (TB) <input type="checkbox"/> Immune Disorder <input type="checkbox"/> Lupus <input type="checkbox"/> Psoriasis <input type="checkbox"/> Rheumatoid Arthritis
ENDOCRINE <input type="checkbox"/> High Thyroid Levels (Hyperthyroid) <input type="checkbox"/> Low Thyroid Levels (Hypothyroid) <input type="checkbox"/> Diabetes <input type="checkbox"/> Insulin Dependent	GI/GU <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Liver Disease <input type="checkbox"/> Stomach Ulcers <input type="checkbox"/> Gastric Reflux/GERD
NEUROLOGIC <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Parkinson's <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Drug Abuse/Alcohol Dependence	RESPIRATORY <input type="checkbox"/> Asthma <input type="checkbox"/> Bronchitis/Emphysema <input type="checkbox"/> Pneumonia
BLOOD DISORDER <input type="checkbox"/> Anemia <input type="checkbox"/> Bleeding Disorder <input type="checkbox"/> History of blood clots (e.g. pulmonary embolism and/or DVT)	OTHER CONDITIONS: <hr/> <hr/> <hr/>

LOS GATOS MEDICAL GROUP

Family Medicine & Urgent Care

555 Knowles Drive, Ste # 109

Los Gatos, CA 95032

Tel: 408 370 0200

Fax: 408 370 0202

SHAMALA MOHANASUNDARAM, MD

FAMILY MEDICINE

List previous hospitalizations, major surgeries, serious injuries and approximate dates:

Surgery/Injury/Hospitalization	Date
_____	_____
_____	_____
_____	_____
_____	_____

MEDICATIONS: List all medications you are taking and dosages (prescription and all over-the-counter drugs):

Medication	Dosage (e.g. mg)	Times/day
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

External treatment History consent (Do you allow the doctor to see the medications that your other doctors had put you on?)

No Yes

LOS GATOS MEDICAL GROUP
Family Medicine & Urgent Care

555 Knowles Drive, Ste # 109
Los Gatos, CA 95032
Tel: 408 370 0200
Fax: 408 370 0202

SHAMALA MOHANASUNDARAM, MD
FAMILY MEDICINE

ALLERGIES: List medication, food, latex and environmental allergies and describe reaction(s):

No known drug allergies

Allergen	Reaction

FAMILY HISTORY:

List any health problems in your immediate family:

Age	Medical Problems	If Deceased: Cause & Age at Death
-----	------------------	--------------------------------------

Father : _____

Mother: _____

Siblings: _____

Children: _____

LOS GATOS MEDICAL GROUP
Family Medicine & Urgent Care

555 Knowles Drive, Ste # 109
 Los Gatos, CA 95032
 Tel: 408.370.0200
 Fax: 408.370.0202

Shamala Mohanasundaram, MD
FAMILY MEDICINE

SOCIAL HISTORY:

Alcohol Screen:

Did you have a drink containing alcohol in the past year?

Yes No

How often did you have a drink containing alcohol in the past year?

Never (0 point) Monthly or less (1 point) 2 to 4 times a month (2 point)
 2 to 3 times a week (3 points) 4 or more times a week (4 points)

How many drinks did you have on a typical day when you were drinking in the past year?

1 or 2 drinks (0 point) 3 or 4 drinks (1 point) 5 or 6 drinks (2 points)
 7 to 9 drinks (3 points) 10 or more drinks (4 points)

How often did you have 6 or more drinks on one occasion in the past year?

Never (0 point) Less than monthly (1 point) Monthly (2 points) Weekly (3 points)
 Daily or almost daily (4 points)

Total Points: _____

Tobacco Use/Smoking:

Are you a:

Current smoker Former smoker Nonsmoker Light tobacco smoker Heavy tobacco smoker

Drugs:

Have you used drugs other than those for medical reasons in the past 12 months?

Yes No

Household:

Marital Status:

Single Married Widowed Divorced Not Answered