MORGAN HILL INTERNAL MEDICINE

NIMISHA SHAH, M.D. **DEVANG SHAH, M.D.**

INITIAL VISIT QUESTIONNAIRE

NAME:_____ DOB: _____ SEX: M / F

Reason for this visit:

Past History:

_____	Hypertension	_____	Bronchial Asthma / COPD	Other:_____
_____	Diabetes	_____	Joint Problems (back / other)	_____
_____	High Cholesterol	_____	Thyroid Disorders	_____
_____	Heart Disease	_____	Stroke	_____
_____	Heart Murmur	_____	Chronic Headache	_____
_____	Kidney Disease	_____	Childhood History - Measles, Mumps	_____
_____	Peptic Ulcer / Reflux		Rubella, Rheumatic Fever, Scarlet Fever	_____

Past Surgical History:

_____	Gall Bladder Removal	_____	Heart Surgery	Other:_____
_____	Appendix Removal	_____	Angioplasty	_____
_____	Kidney Stone Removal	_____	Hysterectomy	_____
_____	Tonsils Removal	_____	Prostate Surgery	_____

Previous Immunizations: *(Last Date)* _____ Tetanus _____ Flu _____ Pneumova

Allergies:

Current Medications: _____ _____ _____

_____ _____ _____

_____ _____ _____

_____ _____ _____

Previous Tests: *(Last Date)* _____ TB Skin Test _____ Colonoscopy _____ Blood Tests

Female: _____ Pap _____ Mammogram **Male:** _____ Prostate Exam

_____ Menstrual Cycle

Social History: **Marital Status**: Single / Married / Divorced / Separated / Widowed Occupation: _____

Smoke: Yes / No If yes, how many packs per day _____

Alcohol: Yes / No If yes, regular / occasional **Other substance abuse:** Yes / No If yes, specify _____

Major Medical Family History: Mother: _____ Sisters: _____ Others: _____

Father:_____ Brothers: _____ _____

Are you interested in following Preventive Medicine in future visits: Yes / No

Blood Tests: _____ Lipid and Blood Sugar Screening

_____ TB Skin Test

Other Tests: _____ Colonoscopy *(if above age 50)*

_____ Osteoporosis Screening

Immunization: _____

Females: _____ Pap Screening

_____ Mammogram *(if above age 40)*

Males: _____ Prostate Exam / PSA *(if above age 50)*

Thank you for completing this form.