

**Ranjit S. Grewal, MD**  
**21216 Northwest Freeway, Suite 260 Cypress, Texas 77429**

**Patient Medical History**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Pharmacy/ Location/ Phone: \_\_\_\_\_

Do you smoke: **Y N** How Much? \_\_\_\_\_ How long? \_\_\_\_\_ Do you drink alcohol? **Y N** How Much? \_\_\_\_\_

**Do you have any Drug or Food Allergies?** \_\_\_\_\_

**Please list all medications you are currently taking:**

Medication/ Dosage/ Frequency	Medication/ Dosage/ Frequency

**Do you have any of the following:**

**Please Circle all that Apply**

Asthma	Diabetes	Anxiety	Depression	HIV	Arthritis/ Gout
Cataracts	HEP <b>A B C</b>	Stroke	Thyroid Disease	Acne	High Blood Pressure
Seizures	ADD/ ADHD	Herpes	Heart Attack	Dementia	Migraines/Headache
Anemia	Acid Reflux	High Cholesterol	Heart Murmur	Sleep Apnea	<b>Other (please exp.)</b>

**Cancer if so what type:** \_\_\_\_\_

Have you had any surgeries? If so please list type of Surgery and year below:

**Family History:**

Condition	Mother	Father	Paternal Grandmother	Paternal Grandfather	Maternal Grandmother	Maternal Grandfather
Heart Disease						
Diabetes						
Stroke						
Mental Illness						
Lung disease						
Cancer (what Type)						

**Please the most recent dates of the following procedures:**

**Mammogram:** \_\_\_\_\_ **Echo:** \_\_\_\_\_ **Spirometry:** \_\_\_\_\_ **Pap Smear:** \_\_\_\_\_ **EKG:** \_\_\_\_\_ **Colonoscopy:** \_\_\_\_\_ **Stress Test:** \_\_\_\_\_

**Please list any Specialist that you are currently seeing:** \_\_\_\_\_

\_\_\_\_\_