Emilia E. Murray, MD- Medical Information Sheet

Patients Name _____ Date of Birth _____

Today's Date _____ Reason for todays visit _____

1.) History of Previous Surgeries: ☐ Yes (see the list below) ☐ No Previous Surgeries

_____

_____

_____

2.) Past Medical History: ☐ Yes (see the list below) ☐ No Past Medical Problems

☐ Hypertension ☐ Diabetes ☐ High cholesterol ☐ Kidney disease ☐ Heart attack ☐ Heart disease
☐ Stroke ☐ Vascular disease ☐ Cancer ☐ Liver disease ☐ Neurological disorders ☐ Ulcers ☐ Arthritis

Other medical problems _____

3.) Family Medical History: ☐ Yes (see the list below) ☐ No History of Family Medical Problems

Mother ☐Hypertension ☐Diabetes ☐Heart disease ☐Cancer Type:_____☐Arthritis
Father ☐Hypertension ☐Diabetes ☐Heart disease ☐Cancer Type: _____☐Arthritis
Siblings ☐Hypertension ☐Diabetes ☐Heart disease ☐Cancer Type: _____☐Arthritis
Other _____

4.) Social History:
Smoking: ☐ Current every day smoker ☐ Current some day smoker ☐ Former smoker ☐ Never smoked
Alcohol: ☐ one ☐ per day ☐ 2-3 per day ☐ 4 or more
Special diet: ☐ Yes ☐ No
Exercise: ☐ Yes ☐ No
Recreational Drug Use: ☐ Yes ☐ No

5.) Do you have any allergies? ☐ Yes ☐ No known allergies

_____

_____

6.) List any medications you are currently taking:

Name:	Name:	Name:	Name:
Dose:	Dose:	Dose:	Dose:
Qty per day:	Qty per day:	Qty per day:	Qty per day:

7.) Date of your last physical exam & name of physician who saw you.

Physician _____ Month:_____ Year:_____

8.) (Women only) enter the date of your last PAP SMEAR exam & the physician.

Physician: _____ Month:_____ Year:_____ Last Pap:_____
Have you had an abnormal pap? _____ Biopsy? _____

9.) (Men only) enter date of your last urological exam & the physician.

Physician: _____ Month:_____ Year: _____ Last PSA:_____

10.) Have you ever had any allergic/ anaphylactic reaction?
(Turning red, overall swelling, difficulty breathing?) Yes No

If yes please explain: _____

11.) Preventive:

Last Mammo: _____ Last Bone Density/ Scan:_____
Last Colonoscopy: _____ Last pneumonia Vaccine: _____
Last Tetanus:_____ Flu Vac: _____