



MEDICAL CENTER

250 Market St San Diego, Ca. 92101
619-239-9675 619-515-1136 fax

NAME			
DATE		HEIGHT	
DOB		WEIGHT	

MEDICAL HISTORY

Reason for today's Visit:
Allergies to Medication:
Present Medications and dosages:
Previous Surgeries and Dates:

CHECK ALL THAT APPLY

Head & Neck

- Blurred vision
- Dizziness
- Double vision
- Ear Ache
- Eye disease
- Hearing loss
- Nasal Polyps
- Nosebleeds
- Prior-ear surgery
- Ringing in ears
- Sinusitis

Respiratory System

- Asthma/Wheezing
- Chronic bronchitis
- Chronic cough
- Emphysema
- Pneumonia
- Shortness of breath
- Spitting up blood
- Tuberculosis

Neurologic

- Fainting
- Head injury
- Headaches
- Numbness or tingling
- Paralysis/Weakness
- Transient black-outs
- Transient vision loss
- Tremors

Gastrointestinal

- Abdominal pains
- Black stools
- Bloody stools/ Hemorrhoids
- Constipation
- Diarrhea

- Difficulty swallowing
- Gall bladder disease
- Heartburn or ulcers
- Hepatitis
- Liver disease
- Nausea/Vomiting

Cardiovascular

- Angina
- Heart disease
- Heart surgery
- Hypertension
- Pacemaker
- Palpitations

Musculoskeletal

- Arthritis/Osteoarthritis
- Frequent back pain
- Hernias
- Osteoporosis
- Painful walking

Endocrine

- Diabetes
- Heat/cold intolerance
- High Cholesterol
- Menstrual disorders
- Thyroid imbalance

Urologic

- Blood in the urine
- Difficulty on urination
- Frequent urination
- Incontinence
- Kidney disease
- Kidney stones
- Urinary tract infections

Psychiatric

- A.D.D.
- Anxiety
- Bipolar disorders
- Dementia
- Depression
- Mental disorder
- Schizophrenia disorders

Females

- Last Menstrual Period _____
- Method of BC _____
- Last Pap Smear _____
- # of Pregnancies
- # of Birth
- # of Abortions
- # of Miscarriages
- Breast lumps
- Breast pains
- Pelvic Infections/STD's
- Vaginal infections

Males

- Discharge from penis
- Enlarged/painful testicles
- Impotence
- Prostate problems
- Sores on penis
- STD's
- Use Condoms? Yes No

General

- Allergies
- Anemia
- Bleeding disorder
- Cancer _____
- Fevers
- HIV infection or AIDS

- Skin diseases
- Weight Gain Loss

Habits

- Do you drink? Yes No
- If yes, How much? _____
- How many years? _____
- Do you smoke? Yes No
- If Yes, How much? _____
- How many years? _____
- Drug Abuse Yes No
- If Yes, How much? _____
- How many years? _____

Personal History

- Marital Status Circle: S M W D
- Birthplace _____
- Occupation _____
- Language(S) Spoken _____
- _____
- _____
- Last Tetanus Shot? _____

Family History

	Alive	Dead	Cause
Dad			
Mom			
Bro(s)			
Sis(s)			

- Bleeding disorders
- Cancer _____
- Congenital problems
- Diabetes
- Heart trouble
- Hypertension

<p>THE ANSWERS TO THE QUESTIONS ASKED ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE.</p>	<p>_____</p> <p>PATIENT SIGNATURE DATE</p>
	<p>_____</p> <p>ALFREDO QUINONEZ M.D./Other M.D. DATE</p>