

SYNERGY MEDICAL P.C.

Dr. Hetal Gandhi

Dr. Tiffany Bassily

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MEDICAL HISTORY FORM

Name: _____ **DOB:** _____

Home Phone: _____ **Cell:** _____

Portal Sign up-Y/N: _____ **Email:** _____

Allergy: _____

Local Pharmacy: _____

Mail Order Pharmacy: _____

PAST MEDICAL HISTORY

High BP High Cholesterol Diabetes Thyroid Disease Asthma COPD
Arthritis Depression Anxiety Seizure Disorder Heart Failure Acid Reflux
A Fib Cancer _____ Other _____

PAST SURGICAL HISTORY

Please list name and approximate year of surgery

1. _____
2. _____
3. _____
4. _____

FAMILY HISTORY: (Cancer/BP/Diabetes, etc.)

MOTHER: _____

BROTHER: _____

FATHER: _____

SISTER: _____

OTHER: _____

MEDICATIONS AND DOSAGE

1. _____
2. _____
3. _____
4. _____
5. _____

ADVANCED DIRECTIVES – Y/N

LAST MAMMOGRAM -

Facility -

LAST COLONOSCOPY-

Facility-