

KAMRAN GOUDARZI, M.D.

PATIENT'S NAME _____ DOB _____ DATE _____

G68(2)-0804

MEDICAL PROBLEMS (Please check those that apply to you)

DISEASE/CONDITION/PROBLEM	SPECIFY HOW LONG/WHEN/ETC.	DISEASE/CONDITION/PROBLEM	SPECIFY HOW LONG/WHEN/ETC.
<input type="checkbox"/> ARTHRITIS		<input type="checkbox"/> HEART DISEASE	
<input type="checkbox"/> ASTHMA		<input type="checkbox"/> HEARTBURN	
<input type="checkbox"/> BLOOD CLOTS		<input type="checkbox"/> HIGH BLOOD PRESSURE	
<input type="checkbox"/> CANCER (where)		<input type="checkbox"/> KIDNEY DISEASE/STONES	
<input type="checkbox"/> CARDIAC BYPASS SURGERY (when)		<input type="checkbox"/> SEIZURES	
<input type="checkbox"/> CIRCULATION PROBLEMS IN LEGS		<input type="checkbox"/> STROKE	
<input type="checkbox"/> DIABETES		<input type="checkbox"/> THYROID DISEASE	
<input type="checkbox"/> EMPHYSEMA		<input type="checkbox"/> VARICOSE VEINS	
<input type="checkbox"/> HEART ATTACK (when)		<input type="checkbox"/> OTHER	

FAMILY HISTORY (Please complete to the best of your knowledge)

RELATIVE	AGE	DISEASES/HEALTH PROBLEMS
MOTHER		
FATHER		
GRANDPARENTS		
SIBLINGS:		
BROTHER		
SISTER		

PAST SURGICAL HISTORY (Please complete to the best of your knowledge)

DATE	LOCATION	SURGERY	COMPLICATIONS	PHYSICIAN

LIST MOST RECENT (Please complete to the best of your knowledge)

TEST	DATE	ORDERING M.D.	TEST LOCATION
<input type="checkbox"/> BLOOD WORK			
<input type="checkbox"/> CARDIAC STRESS TEST			
<input type="checkbox"/> CAT SCAN			
<input type="checkbox"/> CHEST X-RAY			
<input type="checkbox"/> COLONOSCOPY			
<input type="checkbox"/> ECHO			
<input type="checkbox"/> EKG			
<input type="checkbox"/> ENDOSCOPY			

MALES PROSTATE TESTING OR EXAM

FEMALES	<input type="checkbox"/> LAST MENSTRUAL CYCLE			
	<input type="checkbox"/> MAMMOGRAM			
	<input type="checkbox"/> PAP SMEAR			
	<input type="checkbox"/> YES <input type="checkbox"/> NO ANY CHANCE THAT YOU MAY BE PREGNANT?			
	<input type="checkbox"/> YES <input type="checkbox"/> NO ARE YOU EXPERIENCING OR HAVE YOU HAD MENOPAUSE?			