

Azar/Filipov M.D., P.A.

Medical History Questionnaire

Date: _____ Name: _____ Account #: _____

DOB: _____ Primary Care Doctor: _____

Current Medications and what you take them for:

(Prescription and over the counter both including dosage and route of administration if known)

Allergies to Medications: No Known Allergies

Previous Surgeries:

Have you ever had a Blood Transfusion? Yes No Unsure

Family History: Unknown

Circle YES or NO on each. If yes, please specify which family member: Mother Father Sister Brother Daughter Son

Arthritis	yes no _____	Glaucoma	yes no _____
Blindness	yes no _____	Heart Trouble	yes no _____
Cancer	yes no _____	High Blood Pressure	yes no _____
Cataract	yes no _____	Stroke	yes no _____
Diabetes	yes no _____	Thyroid	yes no _____

CONTINUED ON BACK

Personal Health Habits:**Circle Yes or No on each**

Live Alone yes no

Alcohol Use yes no

Caffeine Consumption yes no

Tobacco Use yes no

Illicit Drug Use yes no

Difficulty Sleeping yes no

Exercise Regularly yes no

Circle one below****current every day smoker, current some day smoker, never smoker, former smoker, current status unknown, unknown if ever smoked ****

Level of Education: _____

Occupation: _____

Review of Systems**Circle Yes or No on each****Ophthalmology:** yes no eye or vision problems, tearing, redness**General:** yes no fever, weight loss, weight gain**ENT/Allergy:** yes no symptoms involving ears, nose, throat, hard of hearing**Cardiovascular:** yes no cardio/chest symptoms, hypertension, cardiac disease**Respiratory:** yes no respiratory symptoms, asthma, COPD**GI:** yes no GI symptoms, hernia, reflux**GU:** yes no GU symptoms, prostate**Endocrine:** yes no endocrine related symptoms, diabetes, thyroid disease**Lymphatic:** yes no lymphatic related symptoms, high cholesterol**Musculoskeletal:** yes no musculoskeletal symptoms, arthritis, joint pain**Neurology:** yes no neurologic symptoms, headache**Immunologic:** yes no immunologic symptoms, auto-immune**Pregnancy:** yes no pregnant, nursing**Psychiatric:** yes no psychiatric, emotional difficulties, anxiety, depression**Dermatology:** yes no skin related symptoms