MIDTOWN ALLERGY & ARTHRITIS CARE P.C.
PATIENT INFORMATION FORM

Name:_____ **DOB:**_____

GENERAL MEDICAL INFORMATION:

Describe the current medical problem/reason for today's visit: _____
Present medications: _____
Allergies to medications: _____
Allergies (e.g. hives) to specific brands of soap/laundry detergent: _____
Other physicians currently treating you: _____
Previous or other medical problems: _____
List any previous surgeries or hospitalizations (including number of miscarriages and live births)___
_____
Females only are you pregnant, planning a pregnancy or nursing a child?_____
Do you smoke? _____**No of years**_____**How much?**_____
Are you interested in stopping? _____
Do you regularly drink alcohol? _____**How many oz/beers per day?** _____
Do you regularly drink coffee? _____**How many cups per day?** _____
_____
Are you under a lot of pressure at work?_____**Please describe** _____
_____

PERSONAL MEDICAL HISTORY

Have you ever had any of the following (check all that apply):

_____**Chest pain/pressure/tightening**	_____**Asthma**	_____**Kidney disease**
_____**Hypertension**	_____**Dizzy spells**	_____**Shortness of breath**
_____**Heart attack**	_____**Cancer**	_____**TB/Lung Disease**
_____**Stroke**	_____**Diabetes**	_____**Ulcers**
_____**Glaucoma**	_____**Arthritis**	_____**Skin disorders**
_____**Allergies/Eczema**	_____**Difficulty hearing**	_____**Hepatitis**
_____**Headaches**	_____**Cataracts**	_____**Depression**
_____**Memory loss**	_____**Digestive problems**	_____**Blood in stool**
_____**Hemorrhoids**	_____**Frequent urinary infections**	

Hepatitis C Risk Factor

_____**Blood transfusion prior to 1992**	_____**Contact with blood/bodily fluid**
_____**Shared razor/tooth brush**	_____**IV drug use (1+times)**
_____**Tattoos**	_____**Body piercing**

IMMUNIZATIONS
(Years last received, if known)

Siblings

Smallpox _____
Tetanus _____
Typhoid_____
Polio _____
Influenza_____
Pneumonia_____
Rubella _____
Hepatitis_____

FAMILY HISTORY

	FT	**MT**	**GDPT**
High Blood Pressure			
Epilepsy			
Cancer			
Eczema/Psoriasis			
Heart Attack/stroke			
Diabetes			
Asthma			
Hay fever			