Mitchell Brooks, M.D. FAAOS

Patient Medical Information Sheet

Name: _____ Date: _____

What is the main problem we are seeing you for today?

_____

When did the problem begin or accident happen? _____

What, if anything, caused the problem?

_____

What, if any, allergies do you have?

_____

What surgeries have you had in your lifetime?

_____

What medications are you currently taking?

_____

Do you smoke? If so, what and how much? _____

Do you consume alcohol? If so, how much and how often? _____

Who or what was the source of your referrel today?

Doctor refferal; who? _____ ____ PPO/Insurance Book

Current/former patient; who? _____ ____ Yellow Pages

Other? _____

Please list all diseases that occur in your family and state relation.

Place an "X" to indicate if you have any of the following medical problems:

____ Pneumonia	____ Heart Problems	____ Ulcers
____ TB	____ Arthris	____ Alcohol/Drug Dependency
____ AIDS	____ Hepatitis	____ High Blood Pressure
____ Cancer	____ Thyroid Problems	____ Other: _____
____ Diabetes	____ Asthma	_____

Please provide details for the above-indicated disorders or any hospitalizations you have had of a non-surgical nature.

Place an "X" next to any of the problems that apply to you:

_____ 1. Skin rashes, lumps under the skin, pressure sores
_____ 2. Headaches, dizziness, feinting spells, seizures, loss of vision or blurred vision, double vision
_____ 3. Spots before your eyes, glasses, ringing in ears, ear infections, drainage from ears, nose bleeding
_____ 4. Trouble breathing through nose, sinus infection
_____ 5. Dentures, need dental care, sore/bleeding gums, sores in mouth, trouble swallowing, many sore throats, hoarseness of voice
_____ 6. Shortness of breath smokers cough, wheezing, chest pain, unusual bleeding or bruising, heart murmur, acid indigestion, heart burn, unable to tolerate hot/cold weather, diarrhea, constipation, urination, difficulty controlling bladder/bowels
_____ 7. Aching/swelling in joints, burning/tingling sensation in arms/legs, numbness in arms/legs/hands

Please explain any of the above problems or any additional problems.
