Neighborhood Clinic Medical History

GENERAL Glaucoma Thyroid Goiter Kidney Stones Ge.g. pneumonia) Allergies "hay fever" Over Active Thyroid Endometriosis Ge.g. pneumonia) Allergies "hay fever" Over Active Thyroid Endometriosis Endometriosis Transfusions Endometriosis Transfusions Transfusions	Patient Name:	DOB:		Acct #
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□ Serious Infections □ □ Glaucoma □ C. Allergies "hay fever" □ Over Active Thyroid □ Kidney Stones (e.g. pneumonia) □ Allergies "hay fever" □ Over Active Thyroid □ Kidney Failure □ Diabetes Mellitus □ Prequent Ear Infections □ Under Active Thyroid □ Endometriosis □ Rheumatic Fever □ Prequent Sinus Infections □ Transfusions □ Sex Transmitted Infection □ Anemia □ Prostate Disease □ Sex Transmitted Infection □ Cancer (where) □ RESPIRATORY □ Sleep Apnea □ Sleep Apnea □ Stomach Ulcers □ Eczema □ Ulcerative Colitis □ Psoriasis □ Congestive Heart Failure □ Blood Clots in Lungs □ Crohns Disease □ Respossive Heart Failure □ Blood Clots in Lungs □ Crohns Disease □ Respossive Heart Failure □ Blood Clots in Lungs □ Diverticulitis □ Heart Murmur □ Blood Clots in Lungs □ Intestinal Bleeding □ Acne □ Diverticulitis □ Respossive Heart Failure □ Respossive Heart Valve Disease □ Remphysem □ Osteoporosis □ Intestinal Bleeding □ Acne □ Diverticulitis □ Respossive Heart Valve Disease □ Remphysem □ Osteoporosis □ Intestinal Bleeding □ Acne □ Diverticulitis □ Colon Polyps □ Chronic Vertigo (Menicre's) □ Respossive □ Respossive □ Diverticulitis □ Colon Polyps □ Chronic Vertigo (Menicre's) □ Respossive □ Diverticulitis □ Colon Polyps □ Chronic Vertigo (Menicre's) □ Respossive □ Diverticulitis □ Colon Polyps □ Chronic Vertigo (Menicre's) □ Respossive □ Diverticulitis □ Colon Polyps □ Chronic Vertigo (Menicre's) □ Diverticulitis □ Colon Polyps □ Chronic Vertigo (Menicre's) □ Prepripheral Nerve Disease □ Respossive □ Diverticulitis □ Prepripheral Nerve Disease □ Disease □ Respossive □ Diverticulitis □ Prepripheral Nerve Disease □ Diverticulitis □ Prepripheral Nerve Disease □ Diverticulitis				
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Please list any allergies or intolerance to drugs or other substances.

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lease check o	r list any major il	ness in your fami	ly members. (M	other, Father, Grai	ndparent, Brothers, Sisters or Children
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