

Medical History

Why have you come to see the doctor? _____

How long have you had this problem? _____

Are you taking any medications? Yes ___ No ___ If yes, please list them below:

Have you ever been in the hospital? Yes ___ No ___ If yes, please list them below:

| WHERE | WHEN | WHY | DOCTOR |
|-------|------|-----|--------|
|-------|------|-----|--------|

Have you ever had any operations? Yes ___ No ___ If yes, please list them below:

| KIND OF OPERATION | WHEN | WHERE | DOCTOR |
|-------------------|------|-------|--------|
|-------------------|------|-------|--------|

Are you allergic to any kinds of medication, drugs or other things? Yes ___ No ___ If yes, please list below what you are allergic to and what kind of reaction you have had. _____

| | | | |
|----------------------------------|----------------|---|-------|
| Do you drink alcohol? | Yes ___ No ___ | If yes, how much in one day? | _____ |
| Do you smoke tobacco? | Yes ___ No ___ | If yes, how much in one day? | _____ |
| Do you drink coffee? | Yes ___ No ___ | If yes, how much in one day? | _____ |
| Do you drink tea? | Yes ___ No ___ | If yes, how much in one day? | _____ |
| Do you use drugs? | Yes ___ No ___ | If yes, what kind, how much in one day? | _____ |
| Have you gained weight recently? | Yes ___ No ___ | If yes, how much? | _____ |
| Have you lost weight recently? | Yes ___ No ___ | If yes, how much? | _____ |

Have any of your family had any of the diseases listed below?

| | | | |
|---------------------|----------------|--------------|-------|
| Cancer | Yes ___ No ___ | If yes, who? | _____ |
| Tuberculosis | Yes ___ No ___ | If yes, who? | _____ |
| Diabetes | Yes ___ No ___ | If yes, who? | _____ |
| High Blood Pressure | Yes ___ No ___ | If yes, who? | _____ |
| Heart Attack | Yes ___ No ___ | If yes, who? | _____ |
| Stroke | Yes ___ No ___ | If yes, who? | _____ |
| Epilepsy | Yes ___ No ___ | If yes, who? | _____ |

PATIENT IDENTIFICATION:

Name: _____

M.R. # _____ D.O.B.: _____

John D. Strausbaugh, D.O.

9671 Cladiolus Dr., Suites 109 & 110 • Fort Myers, FL 33908

Phone: (239) 362-1450 • Fax: (239) 985-9629