Fredric A. Santiago, MD, MBA

PATIENT AND FAMILY MEDICAL HISTORY

Patient Name: _____ Date: _____

Are you **allergic** to any medications or substances?_____

Please List: _____

Check (√) conditions YOU currently have or have had in the past.

☐AIDS	☐Diabetes	☐High Cholesterol	☐Palpitations
☐Alcoholism	☐Depression	☐High Triglycerides	☐Parkinson's
☐Anemia	☐Emphysema	☐Headaches	☐Prostate Problems
☐Asthma	☐Epilepsy	☐Indigestion /Reflux	☐Psychiatric Care
☐Anorexia	☐Fatigue	☐Kidney Disease	☐Rheumatic Fever
☐Appendicitis	☐Glaucoma	☐Liver Disease	☐Sinusitis
☐Arthritis	☐Goiter	☐Lupus	☐Seizures
☐Bleeding Disorder	☐Gonorrhea	☐Measles	☐Shingles
☐Breast Lump	☐Gout	☐Migraines	☐Sleep Apnea
☐Bronchitis	☐Gallbladder	☐Mononucleosis	☐Stroke
☐Bowel Problems	☐Heart Disease	☐Multiple Sclerosis	☐Thyroid Problems
☐Cancer	☐Hepatitis	☐Mumps	☐Tuberculosis
☐Cataracts	☐Hernia	☐Osteoporosis	☐Ulcers
☐Chemical Dependency	☐Herpes	☐Pacemaker	☐Vaginal Infections
☐Chest Pains	☐Hay Fever	☐Pneumonia	☐Venereal Disease
☐Chicken Pox	☐High Blood Pressure	☐Polio	Other:_____

Explain here if needed (example type of cancer)

_____
_____
_____
_____
_____

Previous Surgeries List Here:

_____
_____
_____
_____
_____
_____

Family History: Please check if any of your immediate blood relatives have had any of the following:

☐AIDS	☐Cataracts	☐Emphysema	☐Liver Disease
☐Anemia	☐Cigarette Smoking	☐Glaucoma	☐Lupus
☐Asthma	☐Chronic Bronchitis	☐Goiter	☐Prostrate Problems
☐Arthritis	☐Blood in stool	☐Heart Attack	☐Psychiatric Care
☐Bleeding Disorder	☐Diabetes	☐Heart Disease	☐Seizures
☐Bowel Problems	☐Depression	☐High Blood Pressure	☐Sleep Apnea
☐Cancer		☐High Cholesterol	☐Stroke
☐Breast Cancer		☐Headaches	☐Thyroid Problems
☐Colon Cancer		☐Kidney Disease	☐Ulcers

☐Other: _____