

SWEETWATER PULMONARY ASSOCIATES

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GENERAL MEDICAL INFORMATION

Describe the current medical problem/ reason for today's visit:

Allergies to medication:

Other physician currently treating you:

List any previous surgery or hospitalizations:

Do you smoke? _____ For how long? _____ How much cigarettes a day? _____

Do you drink alcohol? Yes _____ No _____

How often? Once a week _____ Twice a Week _____ three times or more _____

Do you regularly drink coffee? _____ How many cups per day? _____

FEMALE: Are you pregnant, planning on become pregnant or nursing a child? _____

PERSONAL MEDICAL HISTORY

Do you have or have you ever had any of the following? (Check all the apply)

- | | | |
|--------------------------------------|-------------------------|------------------------------|
| ___ Chest pain/Pressure/ Tightening. | ___ Eczema | ___ Diabetes |
| ___ Hypertension | ___ Memory Loss | ___ Arthritis |
| ___ Heart Attack | ___ Hemorrhoids | ___ Difficult hearing |
| ___ Stroke | ___ Asthma | ___ Cataracts |
| ___ Headaches | ___ Dizzy Spells | ___ Digestive Problems |
| ___ Glaucoma | ___ Cancer | ___ Urinary tract infections |
| ___ Kidney Disease | ___ Shortness of Breath | ___ TB/ Lung Disorders |
| ___ Ulcers | ___ Skin Disorders | ___ Hepatitis |
| ___ Depression | ___ Blood in Stool | |

FAMILY HISTORY

Check all that apply

	Father	Mother	Father's parents	Mother's Parents
High Blood Pressure	___	___	___	___
Epilepsy	___	___	___	___
Cancer	___	___	___	___
Eczema/Psoriasis	___	___	___	___
Heart Attack/ Stroke	___	___	___	___
Diabetes	___	___	___	___
Asthma	___	___	___	___
Hay Fever	___	___	___	___