

## **ATLAS MD**

Patient History Form													
						th date:							
Marital Status:						Occupation:							
Allergies to Medications, Latex or Dyes						□None □ Yes (please list)							
, ,													
Medications (Prescrip	tions	, non	prescriptions,	vita	mins and	supplem	ents) □No	ne 🗆	Yes (pl	lease list)	)		
Surgeries/Hospitaliza	tions	/Seri	ous Iniuries							Year			
ourgenes, mospitaliza		, ocii	ous injuries										
Immunizations			N	Y							N	Y	
Hepatitis B Series Recent Pneumonia Vaccine													
Gardasil Series							Recent Flu Vaccine						
Chicken Pox immunization or disease Positive TB Screening													
II. 1d. M. latana	TAT.	<b>T</b> 7	(77)					NT.	<b>X</b> 7	<b>(3</b> 7			
Health Maintenance Colonoscopy	No	Yes	(Year)	1		Bone D	longity	No	Yes	(Year	<u>)                                    </u>		
Mammogram	-					Eye Ex							
Pap Smear						_ •	ıl Exam						
1 ap omear						1 Hysica	u Laum		l l				
Social History	No	Yes											
Smoking				Pack	(s)/day		/years		□ Qu	it			
Alcohol	1		Drinks/day drinks/week										
Caffeine			Drinks/day										
Recreational Drugs					•								
Special Diet			If yes describ	be:									
Regular Exercise			If yes describ	be:									
Sexually Active				□ M	len	□ Wome	n □ Bot	:h					
		1											
GYN History							OB History	у					
Age of first mensus: ( ) Menopause $\Box$ N $\Box$ Y (if yes Age: )							Total Number of Pregnancies: ( )						
Regular Periods $\square$ N $\square$ Y Painful Periods $\square$ N $\square$ Y							Full Term ( ) Pre Term ( )						
PMS $\square$ N $\square$ Y – if yes describe						Miscarriages ( ) Abortions ( )							
Abnormal Pap: – if Yes approximate date ( )							Tubal ( )						
Pain with intercourse: $\Box$ N $\Box$ Y Content with sex life: $\Box$ N $\Box$ Y													
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Medical History (please check if positive)

ENT	Tristory (please check if pos		IITOURINARY	SKII	N .				
	e Problems	GLIV	Urinary Infections	3111	Psoriasis				
	nus Problems		Kidney Disease/Stones		Skin Disorders				
He	earing Loss		Erectile Dysfunction		Melanoma				
			STD						
	DIOVASCULAR		Urinary Incontinence						
Abnormal EKG		MUSCULOSKELETAL			PSYCH				
Ch	est Pain		Arthritis/Osteo		ADD/ADHD				
He	eart Attack		Arthritis/Rheumatoid		Anxiety				
He	eart Disease		Gout		Depression				
Hi	gh Blood Pressure		Neck/Spinal Problems		Memory Loss				
Hi	gh Cholesterol	NEU	ROLOGICAL		OCD				
Str	oke		Concussion		Suicidal Thoughts/attempt				
Per	ripheral Vascular Disease		Headaches						
PULMONARY			Migraines						
Ast	thma		Epilepsy/Seizures						
En	Emphysema/COPD		<b>MATOLOGICAL</b>						
She	ortness of Breath		Anemia						
Sle	ep Apnea		Bleeding Disorders						
GASTROINTESTINAL			Blood Clots						
Ac	id Reflux		Cancer						
Co	nstipation		Sickle Cell Disease						
Dia	Diarrhea		OCRINE						
Irri	itable Bowel		Diabetes						
Ga	ll Bladder Disease		Thyroid Disease						
He	ernia		Pancreatitis						
Liv	ver Disease								

Family History (please check all applicable boxes)

Illness	Father	Mother		Child	Maternal	Maternal	Paternal	Paternal	Other
					G-mother	G-father	G-mother	G-father	
Asthma									
Bleeding Disorders									
Breast Cancer									
Colon Cancer									
Depression/Anxiety									
Diabetes									
Drug/Alcohol Addiction									
Heart Disease									
High Blood Pressure									
High Cholesterol									
Kidney Disease									
Leukemia									
Liver Disease									
Lung Cancer									
Osteoporosis									
Ovarian Cancer									
Pancreatic Cancer									
Rheumatoid Arthritis			_						
Stroke									
Thyroid Disease									
Other:									