Ronald S. Mandel, DO
FAMILY PRACTICE

Triple i / CliniForms
HISTORY & PHYSICAL

Name _____ SS# _____ Date _____
Address _____ Occupation _____
Phone (home) _____ (work) _____ Date of birth _____ Age _____
Chief complaint _____

DRUG ALLERGIES

_____
_____
_____
_____
_____

CURRENT MEDS

_____
_____
_____
_____

FAMILY HISTORY

	Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
Heart Disease	❑	❑	❑	❑	❑	❑
High Blood Pressure	❑	❑	❑	❑	❑	❑
Stroke	❑	❑	❑	❑	❑	❑
Cancer	❑	❑	❑	❑	❑	❑
Glaucoma	❑	❑	❑	❑	❑	❑
Diabetes	❑	❑	❑	❑	❑	❑
Epilepsy/Convulsions	❑	❑	❑	❑	❑	❑
Bleeding Disorder	❑	❑	❑	❑	❑	❑
Kidney Disease	❑	❑	❑	❑	❑	❑
Thyroid Disease	❑	❑	❑	❑	❑	❑
Mental Illness	❑	❑	❑	❑	❑	❑
Osteoporosis	❑	❑	❑	❑	❑	❑

HOSPITALIZATION OR SURGERY

Reason	Date	Reason	Date

WOMEN ONLY: Pregnant? ❑ Yes ❑ No Planning pregnancy? ❑ Yes ❑ No

MEDICAL HISTORY

❑ Headache _____
❑ Shortness of breath _____
❑ Heart palpitations _____
❑ Heart murmur _____
❑ Chest pain _____
❑ Dizziness/Fainting _____
❑ Peripheral vascular disease _____
❑ Allergies/Hay fever _____
❑ Asthma _____
❑ Bronchitis _____
❑ Pneumonia _____
❑ Ulcer _____
❑ GI disorder _____
❑ Lactose intolerance _____
❑ Gallbladder disease _____
❑ Prostate disease _____
❑ Bowel irregularity _____
❑ Incontinence _____
❑ Sexual/menstrual dysfunction _____
❑ Venereal disease _____
❑ Frequent infections _____
❑ Hepatitis _____
❑ Anemia _____
❑ Arthritis _____
❑ Osteoporosis _____
❑ Nervousness _____
❑ Depression _____
❑ Gout _____
❑ Scarlet fever _____
❑ Chronic rashes _____
❑ Rheumatic fever _____
❑ Mumps _____
❑ Measles _____
❑ Rubella _____
❑ Polio _____
❑ Diphtheria _____
❑ Tetanus _____
❑ Other _____
❑ Other _____

HABITS

❑ Smoke: Packs daily _____
How long? _____
Interested in stopping? _____
❑ Exercise routine: _____
_____
_____

❑ Coffee: Cups daily _____
Other caffeine _____
❑ Alcohol: Type _____
Amount _____
❑ Diet: Salt intake _____
Fat intake _____

❑ Sleep: Difficulty falling asleep _____
Continuity disturbances _____
Snoring _____
Early morning awakening _____
Daytime drowsiness _____
Other _____

Hepatitis C risk factor

❑ Blood transfusion prior to 1992
❑ IV drug use (1+ times)
❑ Contact with blood/bodily fluid
❑ Tattoos
❑ Shared razor/toothbrush
❑ Body piercing

Name