ALBERT VORSTMAN, MD • DAWN MARIA SCARZELLA, MD • OMAR ORTIZ-ALVARADO
1725 University Drive, Suite 400 • Coral Springs, FL 33071 (954) 752 -3166

PATIENT HISTORY FORM

DATE: ____________________

NAME: ____________________ DOB: ____________ AGE: ________

LIST OF REASON(S) FOR TODAY'S VISIT: ____________________

PCP: ____________________ PHONE #: ____________________

MEDICAL HISTORY - CHRONIC MEDICAL CONDITIONS (CHECK ALL THE APPLY):

□ BLEEDING PROBLEMS □ KIDNEY DISEASE □ HYPERTENSION □ OTHER ____________
□ HEART DISEASE □ KIDNEY STONES □ DIABETES ____________

PRIOR SURGERIES (INCLUDING DATES): □ HYSTERECTOMY ________ □ VASECTOMY ________
□ LITHOTRIPSY ________ □ OTHER (PLEASE SPECIFY): ____________

DRUG ALLERGIES: ____________________

ALLERGIES TO IODINE/SHELLFISH: □ YES □ NO

MEDICATION HISTORY – PLEASE LIST ALL OF THE MEDICATIONS YOU ARE CURRENTLY TAKING (INCLUDING OVER THE COUNTER.

□ **NONE**

NAME OF DRUG	MG DOSE	# TIMES PER DAY	NAME OF DRUG	MG DOSE	# TIMES PER DAY

FAMILY HISTORY - PLEASE SPECIFY WHICH FAMILY MEMBER.

KIDNEY STONES	□ YES	□ NO	________	CERVICAL CANCER	□ YES	□ NO	________
KIDNEY CANCER	□ YES	□ NO	________	HYPERTENSION	□ YES	□ NO	________
BLADDER CANCER	□ YES	□ NO	________	DIABETES	□ YES	□ NO	________
UTERINE CANCER	□ YES	□ NO	________	HEART DISEASE	□ YES	□ NO	________
PROSTATE CANCER	□ YES	□ NO	________	OTHER	□ YES	□ NO	________
BREAST CANCER	□ YES	□ NO	________				________
OVARIAN CANCER	□ YES	□ NO	________				________

SOCIAL HISTORY – (CHECK ALL THAT APPLY.)

TOBACCO USE: □ NON SMOKER □ SMOKER – ____ PACKS/DAY ____ YEARS □ PREVIOUS SMOKER – QUIT _______
ALCOHOL USE: □ NON DRINKER □ DRINKER □ SOCIAL
CAFFEINE USE: □ YES □ NO