## GENERAL PRACTICE ASSOCIATES, P.A. 3301 Johnson Street, Hollywood, Florida 33021 Telephone: (954) 989-6650 • Fax: (954) 989-7783

O rheumatic fever O anxiety O anemia O allergies O peripheral vascular disease O bronchitis, chronic O gastric ulcer O shortness of breath O venereal disease O gallbladder disease O headache O chest pain O frequent infection O chronic rashes O hepatitis O pneumonia O ulcer	1890.1		35	2300Ge Vi Si Si Si Si	00 76			
O vertigo O heart murmur O hay fever O bowel disorders O rheumatic fever O anxiety O anemia O allergies O peripheral vascular disease O bronchitis, chronic O gastric ulcer O shortness of breath O venereal disease O gallbladder disease O headache O chest pain O frequent infection O chronic rashes O hepatitis O pneumonia O ulcer O Gi disorder O sexual/menstrual dysfunction O prostate disease  Social History How many cups of coffee do you drink per day? O None O 2-3 O 3-4 O more than 4 How often do you exercise? O Never O Occasionally O Routine Do you use recreational drugs? O Yes O No How many alcoholic drinks do you have per day? O 0-2 O 3-6 O 7-10 O 11 or more	Pa	st Medical History:	Ple	ase till in the bubb	le for	all that apply		
O rheumatic fever O anxiety O anemia O allergies O peripheral vascular disease O bronchitis, chronic O gastric ulcer O shortness of breath O venereal disease O gallbladder disease O headache O chest pain O frequent infection O chronic rashes O hepatitis O pneumonia O ulcer O GI disorder O sexual/menstrual dysfunction O prostate disease  Social History How many cups of coffee do you drink per day? O None O 2-3 O 3-4 O more than 4 How often do you exercise? O Never O Occasionally O Routine Do you use recreational drugs? O Yes O No How many alcoholic drinks do you have per day? O 0-2 O 3-6 O 7-10 O 11 or more	0	arthritis	0	gout	0	asthma	0	STA 50
O peripheral vascular disease O bronchitis, chronic O gastric ulcer O shortness of breath O venereal disease O gallbladder disease O headache O chest pain O frequent infection O chronic rashes O hepatitis O pneumonia O ulcer O Gi disorder O sexual/menstrual dysfunction O prostate disease  Social History How many cups of coffee do you drink per day? O None O 2-3 O 3-4 O more than 4 How often do you exercise? O Never O Occasionally O Routine Do you use recreational drugs? O Yes O No How many alcoholic drinks do you have per day? O 0-2 O 3-6 O 7-10 O 11 or more	0	vertigo	0	heart murmur	0	hay fever	0	bowel disorders
O shortness of breath O venereal disease O gallbladder disease O headache O chest pain O frequent infection O chronic rashes O hepatitis O pneumonia O ulcer O Gi disorder O sexual/menstrual dysfunction O prostate disease  Social History How many cups of coffee do you drink per day? O None O 2-3 O 3-4 O more than 4  How often do you exercise? O Never O Occasionally O Routine  Do you use recreational drugs? O Yes O No  How many alcoholic drinks do you have per day? O 0-2 O 3-6 O 7-10 O 11 or more	0	rheumatic fever	0	anxiety	0	anemia	0	allergies
O gallbladder disease O headache O chest pain O frequent infection O chronic rashes O hepatitis O pneumonia O ulcer O Gl disorder O sexual/menstrual dysfunction O prostate disease Social History  How many cups of coffee do you drink per day? O None O 2-3 O 3-4 O more than 4  How often do you exercise? O Never O Occasionally O Routine  Do you use recreational drugs? O Yes O No  How many alcoholic drinks do you have per day?	0	peripheral vascula	r dis	sease	0	bronchitis, chronic	0	gastric ulcer
O chronic rashes O hepatitis O pneumonia O ulcer O Gl disorder O sexual/menstrual dysfunction O prostate disease  Social History  How many cups of coffee do you drink per day? O None O 2-3 O 3-4 O more than 4  How often do you exercise? O Never O Occasionally O Routine  Do you use recreational drugs? O Yes O No  How many alcoholic drinks do you have per day? O 0-2 O 3-6 O 7-10 O 11 or more	0	shortness of breath			Ó	venereal disease		
O GI disorder O sexual/menstrual dysfunction O prostate disease  Social History  How many cups of coffee do you drink per day?  O None O 2-3 O 3-4 O more than 4  How often do you exercise?  O Never O Occasionally O Routine  Do you use recreational drugs?  O Yes O No  How many alcoholic drinks do you have per day?  O 0-2 O 3-6 O 7-10 O 11 or more	0	gallbladder diseas	e O	headache	0	chest pain	0	frequent infections
Social History  How many cups of coffee do you drink per day?  O None O 2-3 O 3-4 O more than 4  How often do you exercise?  O Never O Occasionally O Routine  Do you use recreational drugs?  O Yes O No  How many alcoholic drinks do you have per day?  O 0-2 O 3-6 O 7-10 O 11 or more	0	chronic rashes	0	hepatitis	0	pneumonia	0	ulcer
How many cups of coffee do you drink per day?  O None O 2-3 O 3-4 O more than 4  How often do you exercise?  O Never O Occasionally O Routine  Do you use recreational drugs?  O Yes O No  How many alcoholic drinks do you have per day?  O 0-2 O 3-6 O 7-10 O 11 or more	0	GI disorder	0	sexual/menstrual	dysfu	nction	0	prostate disease
Do you use recreational drugs?  O Yes O No  How many alcoholic drinks do you have per day?  O 0-2 O 3-6 O 7-10 O 11 or more	O N	lone O 2-3 v often do you exer	cise	O 3-4	O r	nore than 4		
O Yes O No  How many alcoholic drinks do you have per day?  O 0-2 O 3-6 O 7-10 O 11 or more								
How many alcoholic drinks do you have per day? O 0-2 O 3-6 O 7-10 O 11 or more	3.0		luit	igs:				
O 0-2 O 3-6 O 7-10 O 11 or more								
	Hov	many alcoholic dri	nks	do you have per da	y?			
Do you smoke?	0 0	-2 0 3-6		0 7-10	0 1	1 or more		
	Do y	ou smoke?						
O Yes O No If yes how many packs per day:	O Y	es O No		If yes how mar	ny pac	ks per day:		The state of the s
Current Medications: (Please include over the counter medications, dose and frequency)	Curr	ent Medications:	(Ple	ase include over th	e cou	nter medications, do	se a	nd frequency)

Hospitalization or Su	rgery:		
Procedure:	Reason:	Date:	
Family History			
Has your <i>Mothe</i> r eve	er suffered from: Fill in all	that apply	
O Heart Disease	O High Blood Pressure	O Stroke O Cancer	O Glaucoma
O Diabetes	O Epilepsy/Convulsions	O Bleeding Disorder	O Kidney
Disease			
O Thyroid Disease	O Mental Illness		
Has your <i>Father</i> ever	suffered from:		
O Heart Disease	O High Blood Pressure	O Stroke O Cancer	O Glaucoma
O Diabetes	O Epilepsy/Convulsions	O Bleeding Disorder	O Kidney
Disease			
O Thyroid Disease	O Mental Illness		
Have your Siblings ev	ver suffered from:		
O Heart Disease	O High Blood Pressure	O Stroke O Cancer	O Glaucoma
O Diabetes	O Epilepsy/Convulsions	O Bleeding Disorder	O Kidney
Disease			
O Thyroid Disease	O Mental Illness		
Have your Children e	ver suffered from:		
O Heart Disease	O High Blood Pressure	O Stroke O Cancer	O Glaucoma
O Diabetes	O Epilepsy/Convulsions	O Bleeding Disorder	O Kidney
Disease			
O Thyroid Disease	O Mental Illness		
Have your Grand Pare	ents ever suffered from:		
O Heart Disease	O High Blood Pressure	O Stroke O Cancer	O Glaucoma
O Diabetes	O Epilepsy/Convulsions	O Bleeding Disorder	O Kidney
Disease	O Thyroid Disease	O Mental Illness	Jimmey