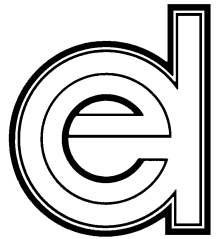


dallas diabetes and endocrine center

salomon banarer, m.d.
susan watkins, aprn,fnp-bc

Practice limited to endocrinology, diabetes and metabolism



Patient History Form

NAME: _____ **DATE OF BIRTH:** _____

PAST MEDICAL HISTORY

CONDITION	YEAR STARTED	RESOLVED?

MAJOR SURGERIES

SURGERY	YEAR

FAMILY HISTORY

CONDITION	RELATIONSHIP TO YOU OF YOUR RELATIVE WITH THIS CONDITION
Heart Disease	
Heart Attack	
Stroke	
Diabetes	
High Blood Pressure	
High Cholesterol	
Cancer (type?)	
Thyroid Disorder	
Depression	

	LIVING?	AGE OF DEATH (if applicable)	MEDICAL PROBLEMS
FATHER	____ Yes ____ No		
MOTHER	____ Yes ____ No		

NAME: _____ **DATE OF BIRTH:** _____

SOCIAL HISTORY

What is your occupation? _____

Marital status: Single Married Divorced Widowed Partner

Do you have children? _____ If so, how many? _____

What do you do for exercise? How frequently? _____

Do you drink wine, beer or spirits? _____ If yes, on average how many times per week? _____

Do you have a history of alcohol abuse/addiction? If so, how long have you been sober?

Have you ever smoked? _____ If you used to smoke, when did you quit? _____

If you are currently a smoker, how much do you smoke? _____ packs/day

If you are currently a smoker, how long have you smoked? _____ years

ALLERGIES

DRUG	REACTION / SYMPTOM

CURRENT MEDICATIONS

[illegible]