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MEDICAL HISTORY

What is the reason for your visit today?

If you have a problem, how long has it been going on?

Have you ever been treated for this problem before?

Do you have any other medical problems?

Have you ever had surgery? Yes or No

If yes,

When

What operation

Where

Are you taking any medications?

Do you have any allergies?

In your family, including extended family, is there any history of:

- Heart disease
- Diabetes
- Cancer
- Thyroid problem

When was your last Pap Smear?

Have you had any recent tests? (i.e. blood work, ultrasounds) - Please ask my staff to obtain these results today.

THANK YOU VERY MUCH