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Patient: _____
 Date: _____

Ht: _____ Wt: _____ Temp: _____
 BP: _____ / _____ Pulse: _____
 LMD / Ref MD: _____

History

Chief Complaint: _____

History of Present Illness: For an "extended" history, document at least 4 of these elements

Location: _____
 (Where is the pain/problem?)

Quality: _____
 (Example: color of sputum)

Severity: _____
 (How severe is the pain/problem?)

Duration: _____
 (How long have you had this pain/problem? Or when did it start?)

Timing: _____
 (Does this pain/problem occur at a specific time?)

Modifying factors: _____

Associated signs/symptoms: _____

(What makes the pain/problem worse or better? Or
 Have you had any previous episodes?)

Medical History:

- For a "pertinent" history - at least 1 specific item for any one of the 3 histories
- For a "complete" history - at least 1 specific item for each on of the 3 histories

Patient Medical History

Diabetes No Yes
 Hypertension No Yes
 Cancer No Yes
 Stroke No Yes
 Heart trouble No Yes
 Arthritis/gout No Yes
 Convulsions No Yes
 Bleeding tendency No Yes
 Acute infections No Yes
 Venereal disease No Yes
 Hereditary defects No Yes

Previous Hospitalizations/Surgeries/Serious Injuries When?

Medications

Patient Social History

Marital status: Single ___ Married ___ Separated ___ Divorced ___ Widowed ___
 Use of alcohol: Never ___ Rarely ___ Moderate ___ Daily ___
 Use of tobacco: Never ___ Previously, but quit ___ Current packs/day ___
 Use of drugs: Never ___ Type/Frequency ___
 Excessive exposure at home or work to: Fumes ___ Dust ___ Solvents ___ Air-borne particles ___ Noise ___

Family Medical History

	<u>Age</u>	<u>Diseases</u>	<u>If Deceased, Cause of Death</u>
Father	_____	_____	_____
Mother	_____	_____	_____
Siblings	_____	_____	_____
Spouse	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____
	_____	_____	_____