



GULATI AND ASSOCIATES, PA
Manjit Singh Gulati, M.D., FASN

PATIENT MEDICAL HISTORY FORM

LAST NAME: _____ FIRST NAME: _____

DATE: _____

AGE: _____ SEX: _____ DATE OF BIRTH: _____

WHO IS THE DOCTOR THAT SENT YOU FOR THIS VISIT? _____

PRIMARY REASON FOR THIS VISIT? _____

HOW LONG HAS THIS PROBLEM BEEN PRESENT? (GIVE A DATE) _____

PAST AND CURRENT MEDICAL PROBLEMS: (CHECK ALL THAT APPLY)

EYE, NOSE AND THROAT:

- GLAUCOMA
- CATARACT
- RETINAL DETACHMENT
- OTHER: _____

BLOOD:

- BLEEDING PROBLEMS
- ANEMIA
- OTHER: _____

LUNGS:

- TUBERCULOSIS
- ASTHMA
- EMPHYSEMA/COPD
- INFECTIONS
- OTHER: _____

BONES:

- ARTHRITIS
- OSTEOPOROSIS
- GOUT
- OTHER: _____

HEART:

- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- HEART DISEASE/MURMUR
- HIGH CHOLESTEROL
- PERIPHERAL VASCULAR DISEASE
- OTHER: _____

NERVES:

- HEADACHES/MIGRAINES
- FIBROMYALGIA
- STROKE/TIA
- SEIZURE DISORDER
- OTHER: _____



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STOMACH DISORDER:

- HEARTBURN (REFLUX)
- HEPATITIS
- LIVER DISEASE
- STOMACH ULCERS
- OTHER: _____

ENDOCRINE:

- DIABETES
- THYROID DISEASE
- ALCOHOL ADDICTION
- OTHER: _____

KIDNEY DISEASE:

- DIALYSIS (TYPE: _____)
- URINARY TRACT INFECTION
- KIDNEY STONES

OTHER:

- CANCER (TYPE: _____)
- DRUG ADDICTION (DRUG: _____)

PRECIOUS SURGERIES:

HAVE YOU EVER BEEN HOSPITALIZED? YES NO IF YES, WHAT FOR? _____

• TYPE OF SURGERY

DATE OF SURGERY

1. _____
2. _____
3. _____
4. _____
5. _____

ALLERGIES:

- ALLERGIC TO LATEX (GLOVES): _____
 - DRUG ALLERGIES: _____
 - OTHER ALLERGIES: _____
 - NONE
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SOCIAL HISTORY:

- DO YOU SMOKE OR USE TOBACCO? YES NO HOW OFTEN? _____
- DO YOU DRINK ANY ALCOHOL? YES NO HOW OFTEN? _____

BONE:

- ANY SUBSTANCE ABUSE/ILLCIT DRUG USE? YES NO HOW OFTEN? _____
- ANY SPECIAL DIET? YES NO TYPE? _____

REVIEW OF SYSTEMS: DO YOU HAVE ANY OF THE FOLLOWING MEDICAL COMPLAINTS? (CHECK ALL THAT APPLY)

GENERAL:

- FEVER
- DIZZINESS
- WEIGHT LOSS/GAIN
- LETHARGIC
- NIGHT SWEATS
- PUFFINESS AROUND THE EYES
- RASH
- WOUNDS/LESIONS

LUNGS

- COUGH
- BLOOD IN SPUTUM
- SHORTNESS OF BREATH
- DIFFICULTY BREATHING

EXTREMITY:

- NUMBNESS OR TINGLING
- PINS AND NEEDLES PAIN
- MUSCLE WEAKNESS
- HANDS AND FEET SWELLING

HEART:

- PALPITATIONS
- CHEST PAIN

STOMACH:

- NAUSEA
- VOMITING
- DIARRHEA
- CONSTIPATION
- STOMACHACHE/ DISCOMFORT
- PAIN AFTER EATING
- VOMITING BLOOD
- CHANGE IN BOWEL HABITS
- BLOOD IN THE STOOL (RED, BLACK OR TARRY STOOL)

KIDNEY:

- BLOOD IN THE URINE
- URINARY FREQUENCY
- URINARY URGENCY
- PAIN/BURNING ON URINATION
- BLOOD IN URINE
- DARK URINE
- BACK PAIN

BONE:

- JOINT PAIN
- JOINT STIFFNESS