



Jeffrey A. Kantor, M.D.

Patient Name _____ Date: _____

PAST MEDICAL HISTORY (Circle if you have ever had):

Diabetes	Thyroid problems	Emphysema	Rheumatic fever
Blood Clots	Chronic bursitis	Hernia	Arthritis
Heart Attack	Liver Disease	Ulcer	Breast cysts/ lumps
Kidney disease	Jaundice	Pneumonia	Hepatitis
Epilepsy	Skin disease	Anemia	Cancer
High Blood pressure	Blood clots to lungs	Asthma	

FAMILY MEDICAL HISTORY (Check which apply)

Blood disease	_____
Heart Attack/ Disease	_____
Cancer	_____
Diabetes	_____
Tuberculosis	_____
Problems with anesthesia	_____
Lung Disease	_____
Birth Defects	_____
Liver Disease	_____
Kidney Disease	_____

SOCIAL HISTORY

	YES	NO
Do you smoke cigars/cigarettes?	_____	_____
If so how many a day?	_____	_____
Do you chew tobacco?	_____	_____
Do you drink alcohol?	_____	_____
If yes how many glasses per day	_____	_____
Have you ever had excessive bleeding following dental surgery?	_____	_____
Or Surgery?	_____	_____
Were you in the military?	_____	_____
Have you ever taken cortisone?	_____	_____

Ages of Children? _____

List any hobbies or recreational activities _____

LIST ALL OPERATIONS & DATES

LIST ALL INJURIES & SERIOUS ILLNESS

REVIEW OF SYSTEMS: (Circle any of these symptoms you have had in the past)

GENERAL:	Poor appetite or weigh change		
HEAD:	Headaches		
EYES:	Blurred or double vision		
THROAT:	Chronic sore throats of difficulty swallowing		
MOUTH:	Loose or false teeth or dental problems		
LUNGS:	Shortness of breath or chronic cough		
HEART:	Chest pain, pounding of the heart or swollen ankles or hands		
ABDOMEN:	Nausea, vomiting, diarrhea, constipation, blood in stool, recurrent indigestion, Change in bowel habits or abdominal pain		
GU:	Urinating at night, frequent urination or pain or burning with urination		
HEME:	Easy bruising, difficulty with stopping bleeding?	Y	N
	Have you ever had a blood transfusion?	Y	N
N/M	Do you have any numbness or weakness?	Y	N
	If so, where? _____		
	Have you ever had to limit your activities?	Y	N
	If yes please explain _____		

LIST ALL KNOWN DRUG ALLERGIES

LIST ALL MEDICATIONS TAKEN RECENTLY

