

Drs. Kane & Davis Associates, LLC
6400 Goldsboro Road Suite 330
Bethesda, Maryland 20817
Comprehensive Medical History

Date _____
Name _____ DOB _____
Occupation _____ Hours worked per week _____
Referred by _____ Work# _____ Home# _____

Reason for appointment

1 _____
2 _____
3 _____

Past Medical History

Unusual childhood diseases (Rheumatic Fever, TB, etc.)

1 _____
2 _____

Allergies _____

Surgery _____ Year _____
_____ Year _____
_____ Year _____

Check if you have ever had any of the following diseases.

- | | |
|---|------------|
| <input type="checkbox"/> Rheumatic fever | Date _____ |
| <input type="checkbox"/> Tuberculosis | Date _____ |
| <input type="checkbox"/> Kidney/prostatic infection | Date _____ |
| <input type="checkbox"/> Hepatitis | Date _____ |
| <input type="checkbox"/> Mononucleosis | Date _____ |
| <input type="checkbox"/> Pneumonia | Date _____ |
| <input type="checkbox"/> Staph infection | Date _____ |
| <input type="checkbox"/> Sexually transmitted disease | Date _____ |
| _____ | |
| <input type="checkbox"/> Scarlet Fever | Date _____ |

Problems or symptoms relating to the following:

Head _____
Eyes _____
Ears _____
Throat _____
Neck/spine _____
Lungs _____
Heart _____
Abdomen _____
Kidney/bladder _____
Prostate _____

Ovaries/vagina _____
Musculoskeletal _____
Nerves _____
Other _____

Additional comments

Have you traveled out of the country? Yes No
If yes, where and when?

Previous hospitalizations other than surgery

1 _____
2 _____

Chronic medical problems

1 _____
2 _____
3 _____

Current medications (including vitamins, aspirin, etc.):

1 _____ 4 _____
2 _____ 5 _____
3 _____ 6 _____

Unusual environmental exposure

Cigarettes How long? ____ Coffee How long? ____

Pets _____

Other _____

Family

Check if any blood relatives have had any of the following.

- Diabetes Relationship _____
- High blood pressure Relationship _____
- Stroke Relationship _____
- Heart attack Relationship _____
- Cancer Relationship _____
- Asthma Relationship _____

Other _____
