

ATA AHMAD, MD  
General Surgery

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date: \_\_\_\_\_

Reason for today's visit:

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How long have you had this problem?

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Is there anything that makes it better or worse?

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Past Medical History:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Asthma           | <input type="checkbox"/> Heart Attack     |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Bleeding Episode | <input type="checkbox"/> High Cholesterol |
| <input type="checkbox"/> Stroke              | <input type="checkbox"/> Stomach Ulcer    | <input type="checkbox"/> Thyroid Problems |

Please list all past hospitalizations, operations and injuries:

Year	Type of Illness	Hospital	City
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICATION ALLERGIES: Penicillin Codeine Sulfa Lidocaine  
Iodine Adhesive tape Anti-inflammatories  
Other: \_\_\_\_\_

SOCIAL HISTORY: Tobacco use Alcohol use Drug use  
Other: \_\_\_\_\_

FAMILY HISTORY: Family Member:	Current Health Status:
Mother	Good/Poor/Deceased _____
Father	Good/Poor/Deceased _____
Brother	Good/Poor/Deceased _____
Sister	Good/Poor/Deceased _____
Grandparent's	Good/Poor/Deceased _____