IQBAL SAEED, M.D. Internal Medicine

2227 Drake Avenue, Suite 7A •Huntsville, Alabama 35805

Name:	DOB:	I	Date:	
Previous Medical Providers na	me and address:			
ALLERGIES Drug and Food Allergies and In	ndicate Reaction:			
PERSONAL				
Do you use cigarettes, pipes, ci	gars or chewing tobacco?	□ Yes	□ No	
If yes	How often			
If quit	When:			
Do you drink alcohol?		□ Yes	□ No	
If yes	How often			
Do you drink coffee, sodas or o	other caffeinated beverages?	□ Yes	□ No	
Do you use any street drugs or	How oftenabuse prescription pain medication?	□ Yes	□ No	
What types	How often			
Do you exercise regularly?		□ Yes	□ No	
If yes	How often and what kinds			
Have you ever been tested for I If yes, when/ Marital status: Single Education: GED H Activities/Hobbies/Sports: Religious Preference:		□ Y □Negative □ Divorced □Se □ Post Grad	□ Other:	
FAMILY HISTORY				
Do you have a FAMILY HIS	FORY of (check all that apply & indicate	your relationship to the	he person affected):	
□ Allergic Rhinitis	Alzheimer's disease	Anemia		
□Anxiety □ Bleeding Disorder	□Asthma	Birth Defect	S	
□ Bleeding Disorder	Blood Clots	Breast Lump)	
□ Cancer/Type	☐ Chronic Bronchitis	Crohn's Die	2000	
Dementia	□ COPD □ Depression □	Uronn's Dis	sease	
□ Eczema	☐ Enlarged Prostate	Diaucies Mi	ease	
□ Glaucoma/Eye Disease		□ Geneue Disc □ Heart Atta	ek	
□ Heart Disease	☐ Heartburn/GERD	□ Henatitis/I	Liver Disease	
☐ High Cholesterol	☐ HIV Infection	= Hvnertensi	on	
□ Lung Disease	☐ HIV Infection☐ Migraine Headaches	Determine	sis	
□ Peptic Ulcer	□ Psychiatric Disorder	□ Ostcopolos	nev Disease	
□ Seizure Disorder	☐ Stroke Syndrome	Reliai/Kiui	☐ Renal/Kidney Disease ☐ ☐ Substance Abuse ☐	
☐ Thyroid Disorders	☐ Tuberculosis	☐ Other	Aouse	
□ Other:				

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Medical History (check all that apply)

□ Allergic Rhinitis	☐ Alzheimer's disease		_ Anemia
□Anxiety □ Bleeding Disorder			□ Birth Defects
□ Bleeding Disorder	Blood Clots		□ Breast Lump
□ Cancer/Type	Chronic Bronchitis		□ Colitis □ Crohn's Disease
□ Congestive Heart Failure	□ COPD		□ Crohn's Disease
Dementia	Depression		□ Diabetes Mellitus
□ Eczema	Enlarged Prostate		_ Genetic Disease
□ Glaucoma/Eye Disease	🗆 Gout		□ Heart Attack
□ Heart Disease	☐ Heartburn/GERD		□ Hepatitis/Liver Disease
- High Cholesteroi			□ Hypertension
□ Lung Disease	Migraine Headaches _		□ Osteoporosis
□ Peptic Ulcer	☐ Psychiatric Disorder		□ Renal/Kidney Disease
□ Seizure Disorder	□ Stroke Syndrome		□ Substance Abuse
□ Thyroid Disorders	⊓ Tuberculosis		□ Other:
□ Other:			
Health Maintenance Colonoscopy/ Sigmoidoscopy: WOMEN			
Last: Pap smear:/ M MEN Last: Rectal/Prostate exam:			Menstrual Period:/ PSA:/
Immunizations			
Last Tetanus shot:		Last Flu Vaccine	a·
Last Tetanus shot: Last Pneumonia Vaccine:		Last Hepatitis B	··
Last Tuberculosis Skin Test: _		Last MMD.	e: Vaccine:
		Last MINIX.	Vaccine:
		Last WIVIK.	Vaccine:
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