PATIENT HISTORY

NAME: Rahul A E Birthdate: 05/09/1998

Age: 22 Sex: Male

Describe briefly your past symptoms:
fever, cough, and breathing difficulties.

Please list the names of other practitioners you have seen for this problem: NO

Past medication History (include where, when, & for what reason):
Nanjappa Hospital, Shimoga, 08/10/2019, breathing difficulties.

CURRENT MEDICATIONS

Drug allergies: ☑ No ❑ Yes To what?
Please list any medications that you are now taking. Include non-prescription medications & vitamins or supplements:

Name of drug	**Dose (include strength & number of pills per day)**	**How long have you been taking this?**
1. ipratropium bromide	1-0-1	past 2 months
2. Fluticasone(Flovent HFA)	0-0-1	past 1 months
3.		
4.		
5.		

PAST MEDICAL HISTORY

Do you now or have you ever had:

- ❑ Diabetes
- ❑ High blood pressure
- ❑ High cholesterol
- ❑ Hypothyroidism
- ☑ Goiter
- ❑ Cancer (type) _____
- ❑ Leukemia
- ❑ Psoriasis
- ❑ Angina
- ❑ Heart problems
- ❑ Heart murmur
- ❑ Pneumonia
- ❑ Pulmonary embolism
- ☑ Asthma
- ❑ Emphysema
- ❑ Stroke
- ❑ Epilepsy (seizures)
- ❑ Cataracts
- ❑ Kidney disease
- ❑ Kidney stones
- ❑ Crohn's disease
- ❑ Colitis
- ❑ Anemia
- ❑ Jaundice
- ❑ Hepatitis
- ❑ Stomach or peptic ulcer
- ❑ Rheumatic fever
- ❑ Tuberculosis
- ❑ HIV/AIDS

Other medical conditions (please list):

PERSONAL HISTORY

Were there problems with your birth? (specify)- NO

Where were your born & raised?- Haveri

What is your highest education? ❑High school ❑Some college ❑College graduate ☑Advanced degree

Marital status: ☑ Never married ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑ Partnered/significant other

What is your current or past occupation?- Student

Are you currently working? : ❑ Yes ☑ No Hours/week _____ If not, are you ❑ retired ❑ disabled ❑ sick leave?

Do you receive disability or SSI? ❑ Yes ☑ No If yes, for what disability & how long?_____

Have you ever had legal problems? (specify)- NO

Religion: Hindu

FAMILY HISTORY

	IF LIVING		IF DECEASED	
	Age (s)	Health	Age(s) at death	Cause
Father	**60**	**Good**	**-**	**-**
Mother	**55**	**Good**	**-**	**-**
Siblings				
Children	**-**	**-**	**-**	**-**

DRUG CATEGORY (circle each substance used)	Do you currently use this?
ALCOHOL	❑ Yes ☑ No
SMOKE	❑ Yes ☑ No
ANY OTHER:	-