

o Murphy at 50-51

6

## PATIENT INFORMATION

Initial Appointment Date: 12-10-2004

Patient Code: \_\_\_\_\_

\*copy\*

Last Name: ABELA First Name: A. SOLOMON Middle Name: L.  
Birth Place: ROXAS CITY Birth Date: AUG. 10 1955 Age: 59  
Permanent Address: 54 WHITEFIELD ST, WHITE PLAINS, D.C.  
City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: corkealea@gmail.com Home Tel #: 898 Cell #: 09178578889

\*Please ☒ if appropriate in your case.

Gender: ☐ Male ☒ Female  
Handedness: ☒ Right ☐ Left ☐ Ambidextrous  
Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed ☐ Separated  
Student Status: ☐ Full-time ☐ Part-time ☒ Not a student  
Employment Status: ☐ Full-time ☐ Part-time ☐ Not employed ☐ Self-employed ☒ Retired

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Tel #: \_\_\_\_\_

## Responsible Party/Insured Person Information (If patient is under 18 years of age)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Place: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Tel #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Patient Emergency Contact Information

Contact Name: JANNA TEE Home/Cell Phone #: 09178191869

Relation: Daughter Work Phone #: \_\_\_\_\_

Patient's Name: A. SOCORRO L. ABELA Today's Date: 18-10-2014

How did you hear about Dr. Rex Gloria? WIFE GARAGE KD TEST

**Family Medical History**

\*Please ☒ all diseases present among your family members.

\*\*For **Relation** please indicate if the disease is present in your parents, grandparents, siblings, aunts/uncles, nieces/nephews.

☐ **Cancer/Malignancy**

Type of Cancer	Relation & age diagnosed
<input type="checkbox"/> Breast	_____
<input type="checkbox"/> Colon/Rectal	_____
<input type="checkbox"/> Kidney (Renal cell)	_____
<input type="checkbox"/> Leukemia	_____
<input type="checkbox"/> Lung	_____
<input type="checkbox"/> Non-Hodgkin's Lymphoma	_____
<input type="checkbox"/> Ovarian	_____
<input type="checkbox"/> Pancreatic	_____
<input type="checkbox"/> Prostate	_____
<input type="checkbox"/> Skin (Basal cell)	_____
<input type="checkbox"/> Skin (Melanoma)	_____
<input type="checkbox"/> Thyroid	_____
<input type="checkbox"/> Uterus	_____
<input type="checkbox"/> Others	_____

☐ **Stroke**

Relation	Age Diagnosed
_____	_____
_____	_____
_____	_____

☒ **High Blood Sugar/Diabetes mellitus**

Relation	Age Diagnosed
<u>MOTHER</u>	<u>45++</u>
<u>BROTHERS</u>	<u>30++</u>
<u>SISTERS</u>	<u>50++</u>
<u>FATHER</u>	<u>60++</u>

☒ **High Cholesterol/Dyslipidemia**

Relation	Age Diagnosed
<u>MOTHER</u>	_____
<u>BROTHERS</u>	_____
<u>SISTERS</u>	_____

☒ **Heart Disease (heart failure or ischemia manifesting as chest pain)/ Coronary Artery Disease (CAD as obstruction of artery/ies of the heart manifesting as chest pain and/or noted by 2D-echo and angiography)**

Relation	Age Diagnosed
<u>MOTHER</u>	<u>50++</u>
<u>BROTHER</u>	<u>64</u>

☐ **Osteoporosis**

Relation	Age Diagnosed
<u>SISTER</u>	<u>50++</u>

☐ **Thyroid Disorder**

Relation	Age Diagnosed
_____	_____
_____	_____

☒ **Heart Attack/Acute Myocardial Infarction**

Relation	Age Diagnosed
<u>MOTHER</u>	<u>70++</u>
<u>FATHER</u>	<u>70++</u>
<u>BROTHER</u>	<u>66</u>

☐ **Depression/Bipolar Disorder**

Relation	Age Diagnosed
_____	_____
_____	_____

☒ **High Blood Pressure/Hypertension**

Relation	Age Diagnosed
<u>FATHER</u>	_____
<u>MOTHER</u>	_____
<u>BROTHERS</u>	_____
<u>SISTERS</u>	_____

☐ **Other Diseases**

Relation	Age Diagnosed
_____	_____
_____	_____

Patient's Name: A. SOLORRO L. ABELA Today's Date: 12-10-2014

## Personal Health History

\*Please ☒ all those present/appropriate in your case.

Known Allergies: (specify particular allergen and reaction upon exposure)

☐ Medications: \_\_\_\_\_

☐ Food: \_\_\_\_\_

☒ Environmental: \_\_\_\_\_

(e.g., dust, smoke, pollen, etc) \_\_\_\_\_

Immunization: (If yes, date of vaccination or booster shot)

☒ BCG vaccine \_\_\_\_\_

☒ Diphtheria, Tetanus vaccine \_\_\_\_\_

☒ Hepatitis A vaccine \_\_\_\_\_

☒ Hepatitis B vaccine \_\_\_\_\_

☐ Human Papilloma Virus vaccine \_\_\_\_\_

☐ Influenza vaccine \_\_\_\_\_

☒ Measles, Mumps, Rubella vaccine \_\_\_\_\_

☐ Pneumococcal vaccine \_\_\_\_\_

☒ Polio vaccine \_\_\_\_\_

☐ Varicella vaccine \_\_\_\_\_

☐ Others \_\_\_\_\_

Past Medical History: (Have you **EVER** or **RECENTLY** been diagnosed with any of the following conditions?)

☐ Acne

☐ AIDS

☐ Alcoholism

☒ Allergic rhinitis

☐ Anemia

☐ Angina pectoris

☐ Anxiety

☐ Arrhythmia (heart)

☐ Arthritis

☐ Asthma

☐ Atopic dermatitis

☐ Bleeding disorders

☐ Cancer

o Breast

o Colon/Rectal

o Hodgkin Lymphoma

o Kidney

o Leukemia

o Lung

o Non-Hodgkin Lymphoma

o Ovarian

o Pancreatic

o Prostate

o Skin (Basal cell)

o Skin (Melanoma)

o Testicular

o Uterus

o Others: \_\_\_\_\_

☐ Cataract

☐ Celiac Disease

☐ Chlamydia

☐ Cold sores

☐ Constipation

☐ Crohn's Disease

☐ Dental problems

☐ Depression

☒ Diabetes

☐ Diverticulosis

☐ Eating disorder

☐ Emphysema

☐ Epilepsy

☐ Fibromyalgia

☐ Glaucoma

☐ Goiter

☐ Gonorrhea

☐ Gout

☐ Hearing loss

☐ Heart burn/reflux

☐ (Ischemic) Heart disease

☐ Heart attack

☐ Hepatitis (type: \_\_\_\_\_)

☐ Hernia

☐ Herpes

☒ High blood pressure

☒ High cholesterol

☐ HIV positive

☐ Incontinence

☐ Irritable bowel syndrome

☐ Kidney disease

☐ Kidney stones

☐ Liver disease

☐ Lupus

☒ Meniere's Disease

☐ Migraine

☐ Multiple sclerosis

☐ Parkinson's disease

☐ Pacemaker

☐ Psychiatric disorder

☐ Seizure disorder

☐ Sleep apnea

☐ Sleep disorders

☐ Stroke

☐ Suicide attempt

☐ Thyroid disorder

☐ Tuberculosis

☐ Ulcerative colitis

☐ Ulcer (gastric/duodenal)

☐ Others: \_\_\_\_\_



Centrum  
Super B Cplx  
VIT C smg

Patient's Name: A. SOCORRO L. ABELA

Today's Date: 12-10-2014 D3 1m<sup>u</sup>  
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List of Present Medications: (including over-the-counter drugs like vitamins or pain-relievers as well as supplements and natural medicines) COQ10

Medications/Supplements (ex. Paracetamol)	Dosage (ex. 500 mg)	Frequency (ex. once a day)	Duration of Use (ex. 1 month)	Reason for intake (ex. for pain)
Cardioset				
	50 mg.	1x a day	maintenance	Hypertension
Zarnet	50 mg	1x a day	"	"
glucophage XL	500	1x a day	"	Pre-diabetic
Crestor	20 mg	1x a day	30 days	Hi. cholesterol
Crestor	10	1x a day	30 days	Hi. cholesterol
To be taken after 1 month of 20 mg.)				
Serc	16 mg.	as needed	—	Vertigo
Propanix	40 kg	as needed	—	Hypertension

Hospitalizations/Surgeries:

Year Admitted/performed	Reason for hospitalization/ Surgical procedure performed	Outcome of hospitalization/surgery
2010		Hi sugar / - Hi cholesterol Mild heart Disease

Diagnostic Testing: (may provide/attach copies of recent lab results if available)

Diagnostic Exam	Date Performed	Results
12-lead ECG	11/2014	Normal
Blood chemistry	12/2014	
Bone density		
Chest X-ray		
Complete Blood Count		
Colonoscopy		
Colposcopy		
Mammography		
PAP smear		
Spinal X-ray		
Others:		