⊕ allergies to certain / dust mite
⊕ depressed mood ; PMS
LMP : ...

⊕ ...
⊕ panic attacks
⊕ ...

PATIENT INFORMATION

Initial Appointment Date: ____________

Patient Code: ____________

Last Name: Abad Santos First Name: Ana Middle Name: Louwellien
Birth Place: Manila Birth Date: March 19, 74 Age: 39
Permanent Address: Manansala, Rockwell UNIT 721
City: Makati State/Country: Philippines Zip: ____
E-mail: ____________ Home Tel #: ____________ Cell #: 09175461010

*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: Cris Albert Home/Cell Phone #: 09178905309
Relation: Sister Work Phone #: ____________

AM
B12 + folate
~~...~~ DHEA 10g

PM
5HTP
Lipothin ...

⊕ acid reflux, ⊕ ...
⊕ constipated "0"
⊕ sugar cravings (...
⊕ gained weight last year.
⊕ bad ...
⊕ ... family

Patient's Name: _____ Today's Date: _____

How did you hear about Dr. Rex Gloria? _____

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
☐ Breast	
☐ Colon/Rectal	
☐ Kidney (Renal cell)	
☐ Leukemia	
☐ Lung	
☐ Non-Hodgkin's Lymphoma	
☐ Ovarian	
☐ Pancreatic	
☐ Prostate	
☐ Skin (Basal cell)	
☐ Skin (Melanoma)	
☐ Thyroid	
☐ Uterus	
☐ Others	

☐ **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

☐ **Heart Attack/Acute Myocardial Infarction**

Relation	Age Diagnosed

☐ **High Blood Pressure/Hypertension**

Relation	Age Diagnosed

☑ **Stroke**

Relation	Age Diagnosed
DAD ?	

☐ **High Blood Sugar/Diabetes mellitus**

Relation	Age Diagnosed

☑ **High Cholesterol/Dyslipidemia**

Relation	Age Diagnosed
MOM	38

☑ **Osteoporosis**

Relation	Age Diagnosed
MOM / LOLA	

☐ **Thyroid Disorder**

Relation	Age Diagnosed

☐ **Depression/Bipolar Disorder**

Relation	Age Diagnosed

☐ **Other Diseases**

Relation	Age Diagnosed

Patient's Name: _____ Today's Date: _____

Personal Health History

Please ☑ all those present/appropriate in your case.

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

- ☐ Medications: _____
- ☐ Food: Crab
- ☐ Environmental: Dust mite
  (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
  - Breast
  - Colon/Rectal
  - Hodgkin Lymphoma
  - Kidney
  - Leukemia
  - Lung
  - Non-Hodgkin Lymphoma
  - Ovarian
  - Pancreatic
  - Prostate
  - Skin (Basal cell)
  - Skin (Melanoma)
  - Testicular
  - Uterus
  - 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: _____

Patient's Name: _____ Today's Date: _____

List of Present Medications: *(including over-the-counter drugs like vitamins or pain relievers as well as supplements and natural medicines)*

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)
~~Skinox~~				sleep
~~Altee~~		ops needed		allergy
Calcium				
Potassium				
liver oil (		1x aday	1 year	
Vit C				
Gingko Biloba				
Folic Acid				

Hospitalizations/Surgeries:

Year Admitted/performed	Reason for hospitalization/ Surgical procedure performed	Outcome of hospitalization/surgery
2000	C-Section	
	deviated Septum	
	Tonsils	
2010	Hip ⊗	Healed
2011	Ovary ?	Room needed blood transfusion

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

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