



Willie Yu, MD

Physical Medicine & Pain Management

20 YEARS LOCAL PATIENT CARE

6550 Mercantile Dr. E
Suite 104
Frederick, MD 21703
Ph: 301.668.0888
Fax: 301.668.0999

PATIENT MEDICAL HISTORY

Last Name: _____ First Name: _____ DOB: _____

Medications you are taking:

Medication	Dosage	Frequency
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Allergies: (to Medications, X-Ray, Dyes, Other Substances)

Substance	Allergic Reaction
1.	
2.	
3.	

Past Surgical History:

Surgery	Date	Surgery	Date
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

Past Medical History: (Illnesses, Diseases, Any Other Significant Medical Conditions, e.g. High Blood Pressure, High Cholesterol, Thyroid, Diabetes, Arthritis, Cancer, Heart Attack, Stroke, Pacemaker, Migraines, Thyroid, Anxiety, Depression, etc.)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Significant Family History: (Condition & Relationship to the Patient)

Are you a smoker: (circle one) Yes / No Height: _____ Weight: _____

Major Medical Concerns for This Visit: _____

Other Comments: _____

- Pain Medication Policy:**
- 1. Medications are prescribed only when medically indicated and upon every evaluation.
 - 2. Medications cannot be prescribed over the phone calls.

Patient Signature: _____ Date: _____