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COMPREHENSIVE MEDICAL QUESTIONNAIRE

NAME: _____ DATE: _____ AGE: _____

PLACE OF BIRTH: _____ OCCUPATION: _____

DOCTORS, HEALTH PRACTITIONERS, THERAPISTS, ACUPUNCTURISTS YOU SEE: _____

MEDICATIONS: _____

ALLERGIES TO MEDICATIONS: _____

SUPPLEMENTS: _____

SURGERIES: _____

INJURIES: _____

BLOOD TYPE? _____ DON'T KNOW _____ PAST MEDICAL ILLNESSES: _____

HEPATITIS _____ HIV _____ HERPES _____ GENITAL WARTS _____ SYPHILIS _____ CHALYMDIA _____ PID _____
(PELVIC INFLAMMATORY DISEASE), GONNORRHEA _____ LVG---BV---OTHERS: _____

HEALTH HABITS

DID/DO YOU SMOKE? _____ CIGARETTES _____ OTHER _____ PACKS/DAY _____ HOW LONG _____

DID/DO YOU DRINK CAFFEINATED BEVERAGES? _____ WHAT _____ CUPS/DAY _____

DID/DO YOU DRINK ALCOHOL? _____ HOW MUCH: _____ HOW OFTEN: _____ WHAT _____

DID/DO YOU EXERCISE? _____ HOW OFTEN _____ WHAT TYPE _____

DIETARY RESTRICTIONS, VEGETARIAN, FOOD ALLERGIES? _____ WHAT _____

HOW OFTEN DO YOU EAT SUGAR? _____ SALT: _____ FAT _____ FAST FOOD _____ WHAT _____

FAMILY HISTORY

IF DECEASED PLEASE MARK AGE AT DEATH, AGE OF MOTHER: _____ FATHER _____ SIB _____

HAVE ANY OF YOUR RELATIVES HAD THE FOLLOWING? WHO?:

ALLERGIES/ASTHMA: _____

ARTHRITIS: _____

BLEEDING PROBLEMS: _____

CANCER: _____

COPD, EMPHSEMA, LUNG DISEASE: _____

DEPRESSION, NERVOUS DISORDERS, MENTAL ILLNESS: _____

DIABETES: _____

EPILEPSY/CONVULSIONS: _____

GLAUCOMA, MACULAR DEGENERATION, BLINDNESS: _____

HEART DISEASE: _____

HEARTBURN/GASTRITIS: _____

HIGH BLOOD PRESSURE _____

HYPERLIPIDEMIA: _____

KIDNEY DISEASE: _____

OSTEOPOROSIS: _____

STROKE: _____

TUBERCULOSIS: _____

OTHER: _____

FOR CHILDREN ONLY:

BIRTH VAGINAL/OTHER? _____ WEIGHT _____ HEIGHT _____ HEAD CIRC _____ PROBLEMS? _____

NORMAL DEVELOPMENTAL MILESTONES?_____

FOR WOMEN ONLY:

Age of onset of first menses_____ Are your periods regular?_____

Length of time between cycles_____ How many days do you bleed?

No. of Pregnancies__No. of Miscarriages__No. of Abortions__Number of living children_____

PMS____, Cramps with Mensus,____

FOR MEN ONLY:

Have you had prostate problems?_____infections?_____enlargement?_____

Have you had any of the following symptoms?:Frequent Urination_____How many times you awoken at night to urinate?_____Do you have any decrease in flow of urination?____or dribbling?

HAVE YOU HAD ANY OF THE FOLLOWING PROBLEMS? IF SO WHEN?

WEIGHT LOSS_____	DEPRESSION_____	KIDNEY DISEASE_____
WEIGHTGAIN_____	HEADACHES_____	KIDNEY INFECTIONS_____
FEVERS_____	MIGRAINES_____	KIDNEY STONES_____
CHILLS_____	CHEST PAIN_____	FREQ.URINATION_____
BLURRED VISION_____	DIZZINESS_____	BLADDER INFECTIONS_____
CIRCLS ARND EYES_____	HAIR LOSS_____	ARTHRITIS_____
WEAR GLASSES_____	MOUTH ULCERS_____	JOINT PAINS_____
EYE INFECTIONS_____	ORAL HERPES_____	RHEUMATIC FEVER_____
DRY EYES_____	BLEEDING GUMS_____	MUSCLE CRAMPS_____
EAR ACHES_____	ROOT CANALS_____	BACK PAIN_____
HEARING LOSS_____	DRY MOUTH_____	DISC DISEASE_____
RINGING IN EARS_____	TONSILITIS_____	CHRONIC RASHES_____
EXCESS EAR WAX_____	BLOODY NOSE_____	GOUT_____
SORE THROATS_____	NAUSEA_____	PHLEBITIS_____
SWOLLEN GLANDS_____	VOMITING_____	INSOMNIA_____
LUMPS IN NECK_____	INTESTINAL GAS_____	ANXIETY_____
THYROID DESEASE_____	PEPTIC ULCERS_____	MEMORY LOSS_____
COUGH_____	DIARRHEA_____	PARALYSIS_____
SPUTUM_____	CONSTIPATION_____	MUMPS_____
WHEEZING_____	INTEST.PARASITES_____	MEASLES_____
ASTHMA_____	HEMORRHOIDS_____	RUBELLA_____
HEART MUMUR_____	HERNIA_____	POLIO_____
PNEUMONIA_____	BLACK STOOLS_____	FATIGUE_____
BRONCHITIS_____	GALLBLADDER DIS._____	ANEMIA_____
EMPHYSEMA_____	BOWEL IRREGUL._____	BLOOD DISEASE_____
DIFFIC.BREATHING_____	INCONTINENCE_____	TUBERCULOSIS_____
CHEST PAIN_____	MENSTRUAL DYSFUN._____	MALASIA_____
HEART DISEASE_____	HEPATITIS TYPE?_____	EPSTEIN BARR_____
HEART ATTACK_____	COLITIS_____	CMV_____
ANGINA_____	DIVERTICULITIS_____	DIPHThERIA_____
HEART PALPITATIONS_____	HEARTBURN_____	TETANUS_____
ANKLE SWELLING_____	FOOD ALLERGIES_____	YEAST INFECTIONS_____
CANCER_____	APPETITE CHANGES_____	CHICKEN POX_____
AIDS_____	DIABETES_____	MENINGITIS_____
HIV POSITIVE_____	HYPOGLYCEMIA_____	ENVIRONMENTAL ILLN._____
NERVOUSNESS_____	PROSTATE DISEASE_____	OTHER_____