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PERSONAL HISTORY & HEALTH ASSESSMENT

Patient Name: _____ Date of Birth: _____

Allergies: Medicine: _____

Food: _____ Other: _____

PAST SURGERIES & DATE OF SURGERY:

HISTORY OF HEALTHCARE: (please write dates of last exam to those that apply)

Eye Exam: _____ Hearing Test: _____

Colonoscopy: _____, normal result- yes ___ no ___ specify abnormality _____

Pap Smear: _____, normal result- yes ___ no ___ specify abnormality _____

Number of pregnancies: _____ Number of births: _____ (vaginal ___ or c-section ___)

Mammogram: _____, normal result- yes ___ no ___ specify abnormality _____

Dexa Scan: _____, normal result- yes ___ no ___ - Osteoporosis _____ or Osteopenia _____

SOCIAL HISTORY:

Do you smoke? ___yes ___no ___former smoker (start date _____ end date: _____)

If yes, what age did you start smoking? _____ How many packs per day? _____

Do you drink caffeine? ___yes ___no ___occasionally If yes, how many cups per day? _____

Do you drink alcohol? ___yes ___no ___occasionally/socially

Do you use recreational drugs? ___yes ___no

If yes, please specify what/how often: _____

HISTORY OF PRESENT ILLNESS: (please check all medical conditions)

Respiratory: Asthma COPD/Emphysema Other: _____

Cardiovascular: Heart disease Pacemaker Other: _____

Musculoskeletal: Gout Arthritis Other: _____

Gastrointestinal: Type of Disease: _____ Other: _____

Genitourinary: Prostate Urinary incontinence Other: _____

Endocrine: Thyroid disease Diabetes (Type 1 or Type 2) Other: _____

Neuro/Psychiatric: Seizures Anxiety Alzheimer's/Dementia Depression Stroke Other: _____

Skin and Hair: Skin condition/Cancer: _____

Hematological: Anemia Cancer: _____

Head, Eyes, Ears, Nose, & Throat: Problems: _____

PLEASE LIST ANY OTHER CURRENT DIAGNOSIS:

SIGNIFICANT FAMILY HISTORY: (please list any medical conditions the doctor should be aware of)

Unknown family medical history Adopted

Mother: Unknown health history No significant health history

Father: Unknown health history No significant health history

Siblings: Unknown health history No significant health history

