

Susan M. Stuart, M.D., Inc.

9850 Genesee Ave., Suite 330
La Jolla, CA 92037
Phone: (858) 623-6333
Fax: (858) 623-0204

Date of Appointment: _____ Provider: _____

Name: _____

Date of Birth: ____ / ____ / ____ Age: ____ Gender: ____

Allergies: _____

Current Medications: _____

Reason for today's visit: _____

Past Medical/Family History: Check if you personally have or anyone in your family has:

| | Self | Relative | | Self | Relative | | Self | Relative |
|-----------|------|----------|--------------------|------|----------|---------------|------|----------|
| Allergies | | | Asthma | | | Arthritis | | |
| Eczema | | | Lung Disease | | | Diabetes | | |
| Hay Fever | | | Skin Cancer | | | Heart Disease | | |
| Hives | | | Malignant Melanoma | | | Hypertension | | |
| Psoriasis | | | Other Cancer | | | Tuberculosis | | |

Current or Past Problems With:

| | Yes | No | If yes, explain |
|--------------------------|-----|----|-----------------|
| General Health | | | |
| Eyes | | | |
| Ears/Nose/Throat/Mouth | | | |
| Heart | | | |
| Lungs | | | |
| Stomach/Bowel | | | |
| Kidneys | | | |
| Arthritis/Muscles/Joints | | | |
| Skin | | | |
| Headaches/Seizures | | | |
| Psychiatric | | | |
| Thyroid/Diabetes | | | |
| Blood/Bleeding Disorder | | | |
| Allergic/Immunologic | | | |

Major Medical Illnesses/Surgeries: _____

Females: Are you pregnant? Yes No Planning to become pregnant? Yes No

Social History:

Do you use alcohol? (include frequency) _____ Do you smoke? (include frequency) _____

Hobby/Leisure Activities: _____

Reviewed (Provider Signature): _____ **Date:** _____