Susan M. Stuart M.D.
Richard A. K. Chaffoo M.D., F.A.C.S., F.I.C.S.

9850 Genesee Ave. Suite 480
La Jolla, CA 92037
(858) 623-6333 (858) 623-0204 (fax)

Date of Appointment: _____ Provider: _____

Patient's Legal 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:

Current or Past Problems With:	Yes	No	If yes, explain
General Health			
Eyes			
Ear/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 ☐Not planning to become pregnant? ☐Yes ☐No

Social History:

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

Hobby/Leisure Activities: _____