



# Georgia Infectious Diseases, PC

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## NEW PATIENT HEALTH HISTORY

Please take a moment to provide your most up-to-date health information. We will upload your responses below, along with the information contained in the medical records sent to us, to your medical chart to ensure we have your most complete medical history. If you have other medical conditions that are not listed in the options below, please tell them to your medical assistant.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Additional Complaint(s): \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds

### MEDICAL HISTORY – Please tell us if a doctor or hospital has given you any of the following medical diagnoses:

#### Breast

- Breast abscess
- Breast cancer
- Breast implant complication
- Inflammatory breast disorder

#### Endocrine (Hormonal)

- Diabetes mellitus
- Hyperthyroidism
- Hypothyroidism
- Polycystic ovarian syndrome
- Thyroid cancer

- Lymphoma
- Multiple myeloma
- Myelodysplastic syndrome (MDS)
- Sickle cell anemia

#### Cardiovascular (Heart/Vessels)

- Aortic aneurysm
- Atrial fibrillation
- Cardiomyopathy
- Congestive heart failure
- Coronary artery disease
- Endocarditis
- Hypertension
- Lymphedema
- Peripheral vascular disease
- Rheumatic fever
- Valvular heart disease
- Venous insufficiency

#### Gastrointestinal

- Cirrhosis of liver
- Colon cancer
- Crohn's disease
- Esophageal reflux (GERD)
- Pancreatic cancer
- Peptic ulcer
- Ulcerative colitis

#### Infectious/Immunologic

- Chlamydia
- Gonorrhea
- Hepatitis B virus
- Hepatitis C virus
- Herpes simplex, genital
- Herpes simplex, oral
- HIV
- HPV (Human papilloma virus)
- Immunodeficiency state
- MRSA
- Syphilis
- Tuberculosis

#### Dermatologic (Skin)

- Eczema
- Hidradenitis suppurativa
- Psoriasis
- Shingles (Zoster)
- Skin abscess
- Skin cancer

#### Gynecologic

- Cervical cancer
- Endometriosis
- Leiomyosarcoma
- Ovarian cancer
- Ovarian cyst

#### Kidney/Renal

- Chronic kidney disease
- ESRD on dialysis
- Kidney cancer
- Kidney stone (nephrolithiasis)
- Kidney transplant status
- Lupus nephritis
- Polycystic kidney
- Solitary kidney

#### Hematologic (Blood)

- Anemia
- Anticoagulants, long term
- Asplenia (no spleen)
- Leukemia

**MEDICAL HISTORY (continued)**Musculoskeletal (Bone/Joint)

- Carpal tunnel syndrome
- Diabetic foot infection
- Gout
- Hip fracture
- Low back pain
- Osteoarthritis
- Osteoporosis
- Spinal stenosis
- Tendon rupture

Neurologic (Brain/Nervous system)

- Dementia
- Epilepsy (seizures)
- Meningitis
- Migraine headache
- Parkinson's disease
- Stroke

Psychiatric

- Alcoholism
- Anxiety disorder
- Bipolar disorder
- Chronic fatigue syndrome
- Depression
- Fibromyalgia
- Schizophrenia

Respiratory (Lung/Airway)

- Allergic rhinitis
- Asthma
- Bronchitis
- COPD
- Emphysema
- Interstitial lung disease
- Lung cancer
- Pulmonary embolism

- Pulmonary fibrosis
- Sinusitis, chronic

Rheumatologic (Autoimmune)

- Rheumatoid arthritis
- Sarcoidosis
- SLE (Lupus)
- Vasculitis

Urologic (Bladder/Prostate)

- BPH (enlarged prostate)
- Bladder cancer
- Prostate cancer
- Urinary incontinence
- Urinary retention
- UTIs, recurrent

**SURGICAL HISTORY – Please tell us if you have had any of the following surgical procedures:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> AICD (defibrillator)          | <input type="checkbox"/> Dialysis catheter       | <input type="checkbox"/> Pacemaker                  |
| <input type="checkbox"/> Appendectomy                  | <input type="checkbox"/> Gastric bypass/sleeve   | <input type="checkbox"/> Port catheter              |
| <input type="checkbox"/> Arteriovenous fistula         | <input type="checkbox"/> Heart valve replacement | <input type="checkbox"/> Shoulder replacement       |
| <input type="checkbox"/> Arteriovenous graft           | <input type="checkbox"/> Hip replacement         | <input type="checkbox"/> Spine surgery              |
| <input type="checkbox"/> Breast surgery                | <input type="checkbox"/> Hysterectomy            | <input type="checkbox"/> Splenectomy                |
| <input type="checkbox"/> Cholecystectomy (Gallbladder) | <input type="checkbox"/> Knee replacement        | <input type="checkbox"/> Tonsillectomy              |
| <input type="checkbox"/> Coronary bypass (CABG)        | <input type="checkbox"/> Organ transplant        | <input type="checkbox"/> Ventriculoperitoneal shunt |

**FAMILY HISTORY – Please tell us if any of the following medical problems occur in your immediate family.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No major medical problems | <input type="checkbox"/> Coronary artery disease   | <input type="checkbox"/> Psoriasis            |
| <input type="checkbox"/> I was adopted             | <input type="checkbox"/> Crohn's disease           | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> Aortic aneurysm           | <input type="checkbox"/> Diabetes mellitus         | <input type="checkbox"/> Sarcoidosis          |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Hypertension              | <input type="checkbox"/> SLE (Lupus)          |
| <input type="checkbox"/> Bleeding disorder         | <input type="checkbox"/> Immunodeficiency disorder | <input type="checkbox"/> Thyroid disease      |
| <input type="checkbox"/> Breast cancer             | <input type="checkbox"/> Lung cancer               | <input type="checkbox"/> Tuberculosis         |
| <input type="checkbox"/> Chronic kidney disease    | <input type="checkbox"/> Ovarian cancer            | <input type="checkbox"/> Ulcerative colitis   |
| <input type="checkbox"/> Colon cancer              | <input type="checkbox"/> Pancreatic cancer         |   |

**SOCIAL HISTORY – Please tell us briefly about your habits, work, and partnership status.**

- Alcohol:**       3 or more drinks/day     2 or less drinks/day     Past alcohol     Never/Rare alcohol
- Tobacco:**       Every day     Some days     Former smoker     Never smoker     Smokeless tobacco
- Recreational drugs:**     Never     Past Use     Recent/Ongoing use     Recovering addict
- Exercise (weekly):**     Light     Moderate     Vigorous     Rare or None
- Occupation:** \_\_\_\_\_     Full time     Part time     Unemployed     Disability     Retired
- Partnership status:**     Single     Living w/partner     Married     Separated     Divorced     Widowed