General History

Maurice Collada Jr., M.D., P.C.

List previous operations and dates ☐ None

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List previous accidents, injuries and dates ☐ None

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List serious illnesses you have had, especially those requiring hospitalization ☐ None

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List allergies (Drugs, Foods, etc.) ☐ None

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List current medications and dosage amounts ☐ None

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Check if any of the following diseases have occurred in your family, including grandparents:

☐ Diabetes ☐ Cancer ☐ Heart Disease ☐ Stroke

☐ High Blood Pressure ☐ Epilepsy ☐ Nervous or Mental Disorder

Do you have any of the following conditions:

Condition		Condition	
Diabetes	☐ Yes ☐ No	Bleeding Tendencies	☐ Yes ☐ No
Ear Trouble	☐ Yes ☐ No	Arthritis, Bone/Joint Pain	☐ Yes ☐ No
Eye or Vision Problems	☐ Yes ☐ No	Kidney Trouble	☐ Yes ☐ No
Cough or chest Pain	☐ Yes ☐ No	Skin Disease	☐ Yes ☐ No
Abdominal Pain	☐ Yes ☐ No	Heart Attack	☐ Yes ☐ No
Nausea or Vomiting	☐ Yes ☐ No	Stroke	☐ Yes ☐ No

Smoke? ☐ Yes ☐ No How much? __________ Drink? ☐ Yes ☐ No How much? __________

Handedness: ☐ Right ☐ Left Age ______

Name ______________________________ Date ________________