



INFECTIOUS DISEASE CONSULTANTS



Infectious Diseases • HIV & Hepatitis • Hyperbaric Medicine • Wound Care • Travel Health • Clinical Research • Outpatient Infusion

Main Office

685 Palm Springs Drive, Suite 2A
Altamonte Springs, Florida 32701
(407) 830-5577 • Fax (407) 830-4164

Orlando Immunology Center

1707 N. Mills Avenue
Orlando, Florida 32803
(407) 647-3960 • Fax (407) 367-0856

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Sex: Male Female

Who is your primary physician? _____ Specialty _____

Who referred you to this office? _____ Specialty _____

What other physicians have you seen in the past?

Name	Specialty	Date of last visit
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your reason for this visit?

Are you here for a hospital follow up? Yes No

If "yes"

What hospital _____ When _____

Which physician (s) from the hospital saw you at the hospital? _____

Are you allergic to any medications?

Name of the drug	Type of reaction?
_____	_____
_____	_____
_____	_____

What medications are you currently taking?

Name of the drug?	When was it started?
_____	_____
_____	_____
_____	_____

Any recent vaccines or immunizations?

What type of vaccine?	When was it given?
_____	_____
_____	_____

Diplomats in Internal Medicine and Infectious Diseases

- Edwin DeJesus, MD, FIDSA • Timothy W. Cooper, MD, FACP • Fernando S. Alvarado, MD, MPH & TM, FACP
- Jason C. Sniffen, DO, FACOI, FACP, FIDSA • Christopher D. Cooper, MD • Juan D. Diaz, DO, FACP • Anibal J. Maldonado, MD
- Alexander Velazquez, MD • Javier E. Marinez, MD • Joseph T. Katta, DO • Liliana V. Rios, MD • Luis Junco-Noa, MD • Kimberly A. Hildebrant, ARNP



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SOCIAL HISTORY

Marital status: Single Married
Do you have any children? Yes No
Do you smoke? Yes No

Name of spouse of companion: _____
What type of work do you do? _____
Drink alcohol? Yes No Other Drugs? Yes No

Past Medical Problems

Name: _____

Check (✓) conditions you have or have had in the past.

Abdominal surgery	Yes	No	Chemotherapy	Yes	No	Gallbladder disease	Yes	No
Alcoholism	Yes	No	Chickenpox	Yes	No	Gout	Yes	No
Anemia	Yes	No	Chronic bronchitis	Yes	No	Heart attack, Angina	Yes	No
Anticoagulation	Yes	No	Chronic sinusitis	Yes	No	Heartbeat, Irregular	Yes	No
Appendicitis	Yes	No	Colitis Leg or foot ulcer	Yes	No	Heart failure, CHF	Yes	No
Arthritis	Yes	No	Cirrhosis	Yes	No	Heart murmur	Yes	No
Artificial joint	Yes	No	Connective tissue	Yes	No	Heart pacemaker	Yes	No
Asthma	Yes	No	COPD, Emphysema	Yes	No	Heart surgery	Yes	No
Blood clot legs, lung	Yes	No	Cystic fibrosis	Yes	No	Heart valve disease	Yes	No
Blood donation	Yes	No	Dementia	Yes	No	Hemorrhoids	Yes	No
Blood transfusion	Yes	No	Diabetes	Yes	No	Hepatitis, Jaundice	Yes	No
Bone infection	Yes	No	Diverticular disease	Yes	No	Herpes infection	Yes	No
Cancer	Yes	No	Drug addiction	Yes	No	High blood pressure	Yes	No
Cancer radiation	Yes	No	Endocarditis	Yes	No	Hysterectomy	Yes	No

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HIV infection	Yes	No	PID, Pelvic infection	Yes	No	Stomach ulcer	Yes	No
Kidney disease	Yes	No	Pneumonia	Yes	No	Stroke (CVA)	Yes	No
Kidney infection	Yes	No	Positive PPD/TB. Test	Yes	No	Suicidal attempt	Yes	No
Lyme disease	Yes	No	Prostate problems	Yes	No	Syphilis	Yes	No
Lupus	Yes	No	Psoriasis	Yes	No	Thyroid problems	Yes	No
Measles	Yes	No	Psychiatric illness	Yes	No	Tonsillectomy	Yes	No
Meningitis	Yes	No	Rheumatic fever	Yes	No	Tuberculosis	Yes	No
Mononucleosis	Yes	No	Sarcoidosis	Yes	No	Urinary infections	Yes	No
Mumps	Yes	No	Seizures	Yes	No	Venereal disease	Yes	No
Non-healing wound	Yes	No	Shingles, zoster	Yes	No	Other illness	Yes	No
Pancreatitis	Yes	No	Skin infection	Yes	No	Other surgeries	Yes	No
Paralysis	Yes	No	Splenectomy	Yes	No			
Parasitic infection	Yes	No	Steroid treatment	Yes	No			

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