INFECTIOUS DISEASE CONSULTANTS

Infectious Diseases • HIV & Hepatitis • Wound Care • Travel Health • Outpatient Infusion

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

Satellite Office
1707 N. Mills Avenue
Orlando, Florida 32803
(407) 830-5577 • Fax (407) 830-4164

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

Fernando S. Alvarado, MD, MPH & TM, FACP • Jason C. Sniffen, DO, FACOI, FACP, FIDSA • Christopher D. Cooper, MD
Alexander Velazquez, MD • Javier E. Marinez, MD • Joseph T. Katta, DO • Luis Junco-Noa, MD
Juan D. Diaz, DO, FACP • Anibal J. Maldonado, MD

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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.

Condition		Condition		Condition	
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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Condition	Answer
HIV infection	__Yes __No
Kidney disease	__Yes __No
Kidney infection	__Yes __No
Lyme disease	__Yes __No
Lupus	__Yes __No
Measles	__Yes __No
Meningitis	__Yes __No
Mononucleosis	__ Yes __No
Mumps	__Yes __No
Non-healing wound	__Yes __No
Pancreatitis	__Yes __No
Paralysis	__Yes __No
Parasitic infection	__Yes __No

Condition	Answer
PID, Pelvic infection	__Yes __No
Pneumonia	__Yes __No
Positive PPD/TB. Test	__Yes __No
Prostate problems	__Yes __No
Psoriasis	__Yes __No
Psychiatric illness	__Yes __No
Rheumatic fever	__Yes __No
Sarcoidosis	__Yes __No
Seizures	__Yes __No
Shingles, zoster	__Yes __No
Skin infection	__Yes __No
Splenectomy	__Yes __No
Steroid treatment	__Yes __No

Condition	Answer
Stomach ulcer	__Yes __No
Stroke (CVA)	__Yes __No
Suicidal attempt	__Yes __No
Syphilis	__Yes __No
Thyroid problems	__Yes __No
Tonsillectomy	__Yes __No
Tuberculosis	__Yes __No
Urinary infections	__Yes __No
Venereal disease	__Yes __No
Other illness	__Yes __No
Other surgeries	__Yes __No