Medical PMC, PLLC. Internal Medicine, Diabetes & Weight Loss.
4000 Highland #110, Waterford, MI 48328. T (248) 681-2226/ F (248) 681-6494
M. Ammar Hatahet, MD, MPH, FACP, Associate Clinical Professor, Michigan State University

Medical History

Patient: _____ Date of Birth: _____ Date: _____.

A) What brings in today? _

B) What medical conditions do you have?

1- _____ 3- _____ 5- _____

2- _____ 4- _____ 6- _____

C) Past surgeries and dates if known?

D) Please list any diseases in your close family?

Mother: Sisters:

Father: Brothers:

E) Do smoke cigarettes? NO/ YES If yes, how much and for how long?

If no, if you have quit smoking, quit date? ___/___/_____

F) Do you drink alcohol? NO/ YES If yes, how much and how often?

G) Do you use marijuana or other recreational drugs? NO/ YES

H) Please check the box if you have recently experienced any of the following:

☐ Headache ☐ Dizziness ☐ Lightheadedness ☐ Numbness ☐ Tingling ☐ Decreased energy level

☐ Depressed mood ☐ Snoring ☐ Nausea ☐ Vomiting ☐ Constipation ☐ Diarrhea ☐ Black stools

☐ Chest pain ☐ Palpitation ☐ Cough ☐ Shortness of breath ☐ Frequent urination ☐ Dribbling

☐ Burning with urination ☐ Decreased sexual interest ☐ Decreased sexual performance

☐ Other: _

I) Have you had cancer screening procedures?			J) Vaccines
Colonoscopy	yes/no/not applicable	when	Last tetanus vaccine
Mammogram	yes/no/not applicable	when	Last flu vaccine
PSA or Prostate exam	yes/no/not applicable	when	Last pneumonia vaccine
Skin cancer screen	yes/no/not applicable	when	Other vaccines

K) Do you see an eye Dr? NO/ YES Last exam? Dr's name _____

Do you see a OBGYN? NO/ YES/ NA Last exam? Dr's name_____

Do you see cardiologist? NO/ YES Last exam? Dr's name _____

L) Please list any allergies to medications and type of reaction -ON ATTACHED PAGE

M) Please list current medications and dosage---------- ----------ON ATTACHED PAGE