RAGHUNAND SASTRY M.D. PC.

Medical History Questionnaire

			ge:	
Birthdate:				
Reason for visit:				
Medical Problems				0
Diabetes	Yes	No	_ How Lo	
High blood pressure	Yes	No	_ How Lo	
High cholesterol	Yes	No	_ How Lo	
Heart disease	Yes	No	_ How Lo	
Irregular heart beat	Yes	No	_ How Lo	
Stroke	Yes	No	_ How Lo	
Headaches/Migraine	Yes	No	_ How Lo	
Asthma/Bronchitis	Yes	No	_ How Lo	
Arthritis	Yes	No	_ How Lo	
Allergies/Sinus problems	Yes	_ No	_ How Lo	
Kidney disease	Yes	No	_ How Lo	In the last of the second seco
HIV/AIDS	Yes	No	_ How Lo	
Liver problems	Yes	No	_ How Lo	
Sexually transmitted disease (STD)	Yes	No	_ How Lo	
Anemia/problem with blood	Yes	No	_ How Lo	
(For women) Are you currently pregnant?	Yes	No	_ How Lo	ng?
Have you ever been hospitalized?				
Other Health problems: s anyone in your family have eye problems sue Cataracts Diabetes Macula				Retinal Detachme
cs anyone in your family have eye problems such a Cataracts Diabetes Macula consone in your family blind for any reason?			Glaucoma	Retinal Detachme
cs anyone in your family have eye problems such a Cataracts Diabetes Macula consone in your family blind for any reason? Yes, please state reason)			Glaucoma YesNo)
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Cataracts Diabetes Macula nyone in your family blind for any reason? yes, please state reason) you drink? you smoke? Surgical History Cataract surgery Other surgery Laser surgery dications (Please list all medications your are experted.)	Yes_Yes_Yes_	No_No_No_	Yes No Yes No Yes No Yes No When? When?)