



# MEDISTOP CLINIC

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## Health History (Confidential)

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Reason for Visit: \_\_\_\_\_

### Any On-Going Medical Issues:

**1. General**

- Weight Gain
- Weight Loss
- Fever

**2. Ear, Nose, Throat**

- Sore Throat
- Nose Congestion
- Nose Bleed
- Ear Ache
- Vertigo

**3. Eyes**

- Vision Disturbance
- Pink Eye

**4. Rheumatological**

- Joint Pain
- Neck Pain
- Back Pain

**5. Gastrointestinal**

- Constipation
- Diarrhea
- Abdominal Pain
- Nausea/Vomiting
- Heartburn
- Difficulty Swallowing

**6. Respiratory**

- Cough
- Shortness of Breath
- Wheezing

**7. Cardiac**

- Dizziness
- Palpitations
- Chest Pain

**8. Urologic**

- Burning Urination
- Frequent Urination
- Flank Pain

**9. Neurologic**

- Headache
- Numbness
- Loss of Consciousness

**10. Skin**

- Rash
- Itching
- Acne
- Mole

**11. Male**

- Discharge
- Erection Difficulties

**12. Female**

- Discharge
- Pelvic Pain
- Irregular Cycles

**13. Other**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Past Medical History:

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Cancer    | <input type="checkbox"/> Liver Disease   |
| <input type="checkbox"/> Hypertension         | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Kidney Disease  |
| <input type="checkbox"/> Elevated Cholesterol | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Thyroid Disease |
| <input type="checkbox"/> Heart Attack         | <input type="checkbox"/> HIV       | <input type="checkbox"/> Anemia          |
| <input type="checkbox"/> Seizure              | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Abdominal Pain  |
| <input type="checkbox"/> Stroke               | <input type="checkbox"/> STD       | <input type="checkbox"/> Stomach Ulcers  |

### Medications

### Allergies


Pharmacy Name: \_\_\_\_\_ Pharmacy Number: \_\_\_\_\_

Family History:

**Father:**

- Diabetes
- Hypertension
- High Cholesterol
- Cancer
- Asthma
- Heart Problems
- Joint Problems

**Mother:**

- Diabetes
- Hypertension
- High Cholesterol
- Cancer
- Asthma
- Heart Problems
- Joint Problems

**Siblings:**

- Diabetes
- Hypertension
- High Cholesterol
- Cancer
- Asthma
- Heart Problems
- Joint Problems

**Grandparents:**

- Diabetes
- Hypertension
- High Cholesterol
- Cancer
- Asthma
- Heart Problems
- Joint Problem

Hospitalization in the Past

Year	Hospital	Reason for Hospitalization

Personal History

- Alcohol Consumption
- Smoking
- Drugs Used (please specify): \_\_\_\_\_
- Caffeine

Psychiatric History:

- Depression
- Anxiety
- Post-Traumatic Stress Disorder
- Psychosis

Occupational History

Current Profession: \_\_\_\_\_

Previous Profession: \_\_\_\_\_