

ENDOCRINE ASSOCIATES OF FLORIDA, P.A.  
JOSE M. MANDRY, M.D.

NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

PAST MEDICAL HISTORY

High Blood Pressure	_____	check if +	_____	Peptic Ulcers	_____	check if +	_____
Arthritis	_____			Gall Bladder Disease	_____		
Diabetes	_____			Bowel Disorders	_____		
Pneumonia	_____			Liver Disease	_____		
Thyroid Disease	_____			Kidney Stones	_____		
High Cholesterol	_____			Epilepsy/Seizures	_____		
Asthma/Emphysema	_____			Gout	_____		
Heart Disease	_____			Anemia	_____		
Stroke	_____			Bladder infections	_____		
Bleeding disorders	_____			Surgery (specify type	_____		
Cancer (specify type)	_____			and year)	_____		
Radiation treatments	_____						

FAMILY MEDICAL HISTORY

	_____	who?	_____
Diabetes	_____		
High Blood Pressure	_____		
Heart Disease	_____		
Thyroid Disease	_____		
Calcium Disorders	_____		
Adrenal Diseases	_____		
Pituitary Diseases	_____		

SOCIAL HISTORY

	_____	yes	_____	no	_____
Have you smoked	_____				
Years smoking	_____				
Year quit smoking	_____				
Do you drink alcohol	_____				
How many drinks?	_____				
Do you exercise	_____				
How often?	_____				

ALLERGIES TO MEDICATIONS (Please list all)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS WITH DOSAGES AND HOW MANY TIMES PER DAY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WRITE ADDITIONAL INFORMATION HERE