AZ Medical Services

Zergabachew Asfaw, M.D., FACP, CMD
2426 Eastchester Rd, Suite 101, Bronx, NY 10469 Phone (718) 708-4726 Fax (347) 336-6232

Medical History

Helps the doctor get to know you

Patient name | Date of birth | Today's date

Main reason for your visit

MEDICAL CONDITIONS (TICK ALL YOU HAVE NOW OR HAVE HAD)

- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes / prediabetes
- ☐ Heart disease / heart attack
- ☐ Heart failure
- ☐ Irregular heartbeat (AFib)
- ☐ Stroke or mini-stroke
- ☐ Blood clots
- ☐ Asthma
- ☐ COPD / emphysema
- ☐ Sleep apnea
- ☐ Thyroid disease
- ☐ Kidney disease
- ☐ Liver disease
- ☐ Stomach ulcer / reflux
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Gout
- ☐ Cancer (type below)
- ☐ Anemia
- ☐ Memory problems / dementia
- ☐ Parkinson's disease
- ☐ Seizures
- ☐ Depression
- ☐ Anxiety
- ☐ Glaucoma / cataracts
- ☐ Hearing loss
- ☐ Prostate problems
- ☐ Bladder leakage
- ☐ HIV / hepatitis
- ☐ Tuberculosis
- ☐ Chronic pain

Other conditions or details (for example, type of cancer and year)

SURGERIES AND HOSPITAL STAYS

Surgery or reason for hospital stay	Year	Hospital

CURRENT MEDICINES

Include prescriptions, over-the-counter medicines, vitamins, herbs and supplements. You can also bring all your medicine bottles to your visit.

Medicine name	Strength (e.g. 10 mg)	How often	What it is for

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Medical History
continued

ALLERGIES

☐ No known allergies

Allergic to (medicine, food, latex, other)	What happens (reaction)

VACCINES (MOST RECENT YEAR, IF YOU KNOW)

Flu | COVID-19 | Pneumonia | Shingles | Tetanus (Td/Tdap) | RSV

SCREENINGS AND TESTS (MOST RECENT YEAR, IF YOU KNOW)

Colonoscopy | Mammogram | Pap test | Bone density | Eye exam | Hearing test

PSA (men) | Lung CT | Last physical exam | Other

FAMILY HEALTH HISTORY

Tick the conditions your parents, brothers, sisters or children have had.

☐ Heart disease ☐ High blood pressure ☐ Diabetes ☐ Stroke
☐ Cancer ☐ Dementia / Alzheimer's ☐ Osteoporosis ☐ Mental illness
☐ Alcohol or drug problems ☐ Unknown / adopted

Details (who, and which cancer or condition)

LIFESTYLE

Tobacco: ☐ Never ☐ Former smoker (year quit below) ☐ Current smoker ☐ Vape / e-cigarette

If you smoke or smoked: how much per day, and for how many years? | Year quit

Alcohol: ☐ None ☐ Less than 1 drink a week ☐ 1 to 7 drinks a week ☐ More than 7 a week

Recreational drugs or cannabis: ☐ No ☐ Yes

Exercise: ☐ Rarely ☐ 1 to 2 days a week ☐ 3 or more days a week

Diet: ☐ Regular ☐ Low salt ☐ Diabetic ☐ Vegetarian ☐ Other

Current or former work | Year retired (if retired)

HOME AND DAILY LIVING

Who do you live with? ☐ Alone ☐ Spouse / partner ☐ Family ☐ Assisted living ☐ Nursing home ☐ Other

Do you have stairs at home? ☐ No ☐ Yes

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Have you fallen in the past 12 months? ☐ No ☐ Yes, once ☐ Yes, more than once

Are you afraid of falling? ☐ No ☐ Yes

Do you use: ☐ Cane ☐ Walker ☐ Wheelchair ☐ Glasses ☐ Hearing aids ☐ Dentures ☐ None

Do you need help with any of these?

☐ Bathing ☐ Dressing ☐ Using the toilet
☐ Eating ☐ Walking ☐ Getting in or out of bed
☐ Cooking ☐ Shopping ☐ Housework
☐ Managing medicines ☐ Managing money ☐ Driving / transport

Have you noticed problems with memory or thinking? ☐ No ☐ Yes, a little ☐ Yes, a lot

MOOD (IN THE PAST 2 WEEKS, HOW OFTEN HAVE YOU BEEN BOTHERED BY...)

Little interest or pleasure in doing things
☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Feeling down, depressed or hopeless
☐ Not at all ☐ Several days ☐ More than half the days ☐ Nearly every day

Do you feel safe at home? ☐ Yes ☐ No

ADVANCE CARE PLANNING

These documents let you choose who speaks for you and what care you want if you become very ill. If you have them, please bring copies. Dr. Asfaw is happy to talk with you about them.

I have: ☐ Health care proxy ☐ Living will ☐ MOLST form ☐ None yet ☐ I would like to talk about this

WOMEN'S HEALTH (IF APPLICABLE)

Number of pregnancies

Age at menopause

Last period (if still having periods)

ANYTHING ELSE YOU WANT THE DOCTOR TO KNOW

Questions, concerns or goals for your health

Completed by (if not the patient)

Relationship to patient

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