CURTIS TAKEMOTO-GENTILE, MD

MEDICAL HISTORY FORM

Patient Name:_____

CURRENT MEDICATIONS			
	Name of Medication(s) & Supplement(s) currently being taken	Dosage	Frequency
1.			
2.			
3.			
4.			
5.			

MEDICAL HISTORY				
Immunizations (enter date)	Flu	Pneumovax	Tetnus	Other

History of Cancer: (current or past)		
	Type	Date
1.		
2.		

Female Patients:	
Date of Last PAP:	First Day of Last Menstrual Cycle:
Date of Last Mammogram:	Date of Last Thermogram:

ALLERGIES/DRUG ALLERGIES/INTOLERANCE:		
	Please List ALL Drug, Food and Other Allergens	Type of Reaction
1.		
2.		
3.		

SURGICAL HISTORY/HOSPITALIZATIONS		
	Date (month/year)	Surgery/Reason for Hospitalization
1.		
2.		
3.		

FAMILY HISTORY				
	Living or Deceased**	DOB	Current Age	Health History (i.e. diabetes, heart disease, any other health concerns) **if deceased, at what age and cause of death**
Father				
Sisters				
Mother				
Paternal Grandfather				
Paternal Grandmother				
Maternal Grandfather				
Maternal Grandmother				
Brothers				

# of Sisters		# of Brothers		# of Daughters		# of Sons	

SOCIAL HISTORY				
		Y/N	Frequency	Details/Type
1.	Smoking			
2.	Alcohol Use			
3.	Drug Use			
4.	Exercise			
5.	Caffeine			

Hypothyroidism Symptom Checklist

Please place a check next to any symptom/procedure that applies to you.

__ Pain
__ Cold Feet/Hand
__ Weight Gain
__ Brittle Nails
__ Hypertension
__ Hair Loss-Head
__ Hair Loss-Forearm
__ Menstrual Problems
__ Depression
__ Headaches
__ Acne
__ Palpitations
__ Diabetes
__ Ear Ringing (Tinnitus)
__ Anemia
__ Skin Moles
__ Dry Skin
__ Insomnia
__ Constipation
__ Soft/Ridged Nails
__ Swelling of Hands/Fingers
__ Hair Loss at Armpits
__ Tingling/numbness
__ Infertility
__ Anxiety/Tension
__ Migraines
__ Allergies
__ Heart Failure
__ Rheumatoid Arthritis
__ Ovarian Cyst
__ Deep Hoarse Voice
__ Skin Cancers
__ Fatigue/Tiredness/Weakness
__ Feeling Cold, Dressing Warmly
__ Dizziness/Vertigo
__ Curved/Ingrown Big Toenails
__ Swollen Upper Eyelids
__ Hair Loss-Outside Edge of Eyebrows
__ TMJ-Teeth Clenching
__Hysterectomy
__ Lack of Perspiration
__ Skin Rashes
__ Irregular Heart Rate
__ Atrial Fibrillation
__ Lupus
__ Frequent Colds and Infections
__ Fibrocystic Breast
__ Brain Fog/Slow Memory

Who in your Family has Hypothyroidism? _____

Is your Body Temperature less than 98°F? YES or NO

What is your Average Body Temperature? _____