NELSON TAJONG, M.D.
690 S Loop 336 W Ste 215 Conroe, Tx 77304

Name_____ DOB: _____

FAMILY HISTORY

STATE OF HEALTH CAUSE/AGE OF DEATH

Mother: _____
Father: _____
Sibling: _____
Sibling: _____

Has Any Blood Relative ever Had:

Cancer Type: _____
Polyps High Blood Pressure Gallbladder Disease
Colitis Stroke Other: _____
Diabetes Liver Disease Heart Problems Ulcer Disease

SOCIAL HISTORY

Occupation: _____
Marital Status: _____
☐ **Children How Many?** _____

Do you smoke Cigarettes? Yes No
Do you chew Tobacco? Yes No
How long? _____ How Many packs? _____
Do you want to quit? Yes No
Do you drink? Yes No Frequency _____
Sexual Transmitted Disease:
Gonorrhea Herpes Chlamydia Hepatitis Warts HIV

ALLERGIES: Do you have any known allergies to food/dyes/or medication?

_____

LIST ALL CURRENT MEDICATIONS (USE BACK IF NECESSARY)

MEDICATION	DOSAGE	MEDICATION	DOSAGE
_____		_____	
_____		_____	
_____		_____	

LIST ALL SURGERIES

TYPE OF SURGERY	WHEN	WHERE
_____		
_____		
_____		

LIST ALL HOSPITALIZATIONS

CAUSE	**WHEN**	**WHERE**
_____		
_____		

LIST ALL SIGNIFICANT MEDICAL PROBLEMS OR CONDITIONS

_____	_____
_____	_____
_____	_____