

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

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
