



Desai Medical Center

3290 N. Ridge Road, Suite 100, Ellicott City, MD 21043
Phone: (410)313-9292 Fax: (410)313-9293 www.desaimedicalcenter.com

Date _____ Time _____ Kartik J. Desai, MD Smita A. Patel, MD

Last Name _____ First Name _____ MI _____

Are you under physician care Yes No Last seen by physician _____

Are you under specialist care Yes No Last seen by physician _____

Recent Visit to ER Yes No Last visit Date _____

Hospitalization in past ? Yes No Last Admission Date _____

Do you use Tobacco ? Yes No If Yes, specify _____

Do you use Alcohol ? Yes No If Yes, specify _____

Do you use illicit Drugs ? Yes No If Yes, specify _____

Women ONLY: Are you Menstruating Yes No If Yes , Last Date of Menstruation _____

Are you Pregnant Yes No If Yes , Due Date _____

Are you Nursing Mother Yes No Are you taking contraceptive Pills Yes No

Are you allergic to any medication, Food or Latex Yes No If Yes List _____

Are you taking any medication Yes No If Yes , Please List all medications with appropriate dose of each

Do you have any major medical problem, If yes, circle it, specify the duration if you identify the condition.

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|---------------------------|----------------------|---------------------|--------------------------|----------------------|
| Abdominal Pain | Colitis | Hay Fever | Irregular Heart Beat | Rheumatic Fever |
| AIDS/HIV | COPD | Heart Disease | Irritable Bowel Syndrome | Rheumatoid Arthritis |
| Allergies | Cough | Heart failure | Kidney Disease | Osteoporosis |
| Anaphylaxis | Coughing Blood | Heart Murmur | Leukemia | Scarlet Fever |
| Anemia | Depression | Heart Pacemaker | Liver Disease | Shingles |
| Anxiety | Diabetes | Hemophilia | Low Blood Pressure | Sickle Cell Disease |
| Arthritis | Diarrhea | Hepatitis A | Low Blood Sugar | Sinusitis |
| Asthma | Dizziness | Hay Fever | Lung Disease | Stroke |
| Blood Disorder | Drug Dependency | Heart failure | Lyme Disease | Stomach Pain |
| Blood Clots | Emphysema | Heart Murmur | Mitral Valve Disease | Thyroid Disease |
| Blood in Urine | Epilepsy/Seizure | Heart Pacemaker | Motor Vehicle Accident | TIA |
| Blood Transfusion in past | Excessive Thirst | Hemophilia | MRSA Infection | Tonsillitis |
| Breathing Difficulty | Fainting Attacks | Hepatitis A | Nausea | Tuberculosis |
| Bronchitis | Fever | Hepatitis B | Neuropathy | Ulcerative Colitis |
| Bruise Easily | Fibromyalgia | Hepatitis C | Parathyroid Disease | Ulcer in Mouth |
| Cancer | Gall Bladder Disease | Hepatitis E | Prostate Infection | Ulcer in Stomach |
| Chest Pain | Genital Herpes | Herpes | Prostate Enlargement | Venereal Disease |
| Change in bowel habits | Glaucoma | High Blood Pressure | Prostate Cancer | Varicose Veins |
| Crohn's Disease | Gout | High Cholesterol | Psychiatric Care | Yellow Fever |
| Congenital Heart Disease | | Hives | Rectal Bleeding | Weight Loss |
| | | High Blood Sugar | | Weight Gain |

Signature Patient / Guardian _____ Date _____