

# INSTITUTE OF DIABETES & ENDOCRINOLOGY

221 Stewart Ave. Suite 101

Medford, OR 97501

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Occupation \_\_\_\_\_ Edu. Level \_\_\_\_\_ Primary Care Provider \_\_\_\_\_  
Other Care Providers \_\_\_\_\_ Allergies \_\_\_\_\_

Main concern(s)/reason for this visit: \_\_\_\_\_

**Family History** (if any blood relative has any of the following-circle & indicate which relative)

- (1) Thyroid Disorder \_\_\_\_\_ (2) Diabetes \_\_\_\_\_  
(3) Heart Disorder \_\_\_\_\_ (4) Hypertension \_\_\_\_\_  
(5) High Cholesterol/Triglycerides \_\_\_\_\_ (6) Stroke \_\_\_\_\_  
(7) Recurrent Kidney Stones \_\_\_\_\_ (8) Osteoporosis \_\_\_\_\_  
(9) Anemia \_\_\_\_\_ (10) Adrenal Disorder \_\_\_\_\_  
(11) Growth Hormone Deficiency \_\_\_\_\_ (12) Cancer \_\_\_\_\_

**Hospitalizations/Procedures** (List hospitalized illness or operation, test & year)

Year	Procedure/Illness/Operation
_____	_____
_____	_____
_____	_____

**Prescriptive Medications**, over-the-counter medical & nutritional supplements presently taking, dosage & times (Add another page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical History** (Circle current problems or symptoms you are experiencing)

Dizzy Spells	High Blood Pressure	Anemia
Fainting	High Blood Fats	Bruising
Headaches, Recurrent	Phlebitis/Clots	Pituitary Disorder
Seizures	Edema/Fluid Retention	Adrenal Disorder
Strokes	Leg Pain When Walking	Growth Disorder
Tremors/Hands Shaking	Loss of Appetite	Osteoporosis/Osteopenia
Tingling/Numbness	Body Weight Gain/Loss	Sleeping Trouble
Double Vision	Nausea/Vomiting	Memory Loss
Loss of Smell/Taste	Abdominal Pain	Flushing
Change in Voice	Diarrhea/Constipation	Breast Discharge
Sore Throat, Recurrent	Kidney Disorder	Change in Menses
Trouble Swallowing	Kidney Stones	Sexual Trouble
Heart Disorder	High Blood Calcium	Excess Body Hair
Heart Murmur	Parathyroid Disorder	Diabetes
Shortness of Breath	Bladder Infections, Recurrent	Hypoglycemia
Chest Pain	Depression/Nervousness/Anxiety	Thyroid Disorder
Cancer/Malignancy		
Other _____		