Carlos A Plata MD – Pablo Rodriguez MD Patient History Update

Na					Date/												
What happ	nce	you w	ere he	re last?	Y	es	No	If	yes, plea	se specify							
Have you been seen by other health care providers?									0								
Have you had any X rays, labs or other procedures?									0								
Have you had any serious infection?									0								
Have you been told to have a new chronic									0								
disease (diabetes, hypertension, heart disease) Have you been in a hospital or had surgery?									0								
Has your wor ANY REAC	k, r TI (nari)N (tal s O R	status, ALLE	smokir E RGY	ng, alcohol us TO MEDICA	e cł AT l	ang I ON	ged s IS S	ince INCI	last visit E LAST	?					
Name of me				or you	New, Stop	Na		of p		ribing	Why was	list the changes of medications: Why was medication modified?					
Compared	, you 1	eel tod	Muc lay ()	h w	ors	e	Wo 1	rse Sa	ame Bett	er	N (ch bet	ter			
	it, h	New onset as	Morse	Same	ny of the	he following	prol °X	New onset al	worse Worse	Same	e fill one	circle per line	No No	New onset	Worse	Same	Better
Weight Changes	0	0	0	0	0	Dry eyes	0	0	0	0	0	Leg swelling	0	0	0	0	0
Fever	0	0	0	0	0	Sores in mouth	0	0	0	0	0	Nausea	0	0	0	0	0
Fatigue	0	0	0	0	0	Dry mouth	0	0	0	0	0	Heartburn	0	0	0	0	0
Headache	0	0	0	0	0	Cough	0	0	0	0	0	Diarrhea	0	0	0	0	0
Burning pain in feet	0	0	0	0	0	Chest pains	0	0	0	0	0	Pain to urinate	0	0	0	0	0
hand Muscle						Palpitations	0	0	0	0	0	Rash	0	0	0	0	0
weakness	0	0	0	0	0	Shortness of breath	0	0	0	0	0	Easy bruising	0	0	0	0	0