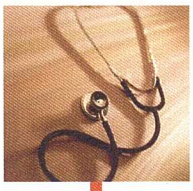

TLM Medical Services, LLC
The evidence of things not seen

Conigliaro Jones, MD, FAAFP
Family Medicine & Clinical Research

2701 Middleburg Drive
Columbia, SC 29204

MEDICAL HISTORY FORM

General Information

Name _____
Address _____
Telephone Number _____
Social Security Number _____
Date of Birth _____

Family Illness (list the family member)

Check if there is any history in your family of:

☐	Arthritis _____	☐	Diabetes _____	☐	Prostate Cancer _____
☐	Asthma _____	☐	Heart Disease _____	☐	Renal Failure Syndrome _____
☐	Breast Cancer _____	☐	Hypertension _____	☐	Seizure Disorder _____
☐	Coronary Artery Disease _____	☐	Osteoporosis _____	☐	Stroke _____

Allergies

Check all that apply:

☐	Cats	☐	IV Contrast Dye	☐	Latex
☐	Peanut	☐	Penicillin	☐	Pollen
☐	Shellfish	☐	Sulfa (Sulfonamides)	☐	Other: _____

Please explain any that you checked: _____

Problem List

Check all that apply:

☐	Acute Myocardial Infraction	☐	Asthma	☐	Coronary Artery Disease
☐	Diabetes Type 1	☐	Diabetes Type 2	☐	Gastroesophageal Reflux
☐	Hyperlipidemia	☐	Hypertension	☐	Hypothyroidism
☐	Major Depression	☐	Osteoporosis	☐	

Please explain any that you checked: _____

Habits

Check all that apply:

☐	Alcohol Abuse	☐	Cigarette Smoker	☐	Cocaine Abuse

(803)376-8875 ph
(803)376-8004 fax

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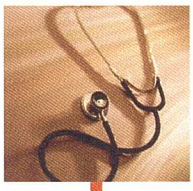

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☐	Drug Abuse	☐	Eating Disorder	☐	Exposure to Second Hand Smoke
☐	Narcotic Drug Addiction	☐	Over-activity	☐	Overeating
☐	Tobacco Abuse	☐	Osteoporosis	☐	

Please explain any that you checked: _____

Surgical History

Check all that apply:

☐	Amputations	☐	Appendectomy	☐	Bilateral Salpingo
☐	Cholecystectomy	☐	Joint Reconstruction	☐	Tonsillectomy
☐	Adenoids Removed	☐	Total Abdominal Hysterectomy	☐	Tubotubal Anastomosis

Please explain any that you checked: _____

Social History

Check all that apply:

☐	Alcoholic abuse	☐	Compliance with Medical	☐	Contraception
☐	Dissatisfaction with Employment	☐	Divorced	☐	Domestic Violence
☐	Employed	☐	Exercise	☐	Financial Distress
☐	History of STD's	☐	Homeless	☐	Last HIV Test_____
☐	Lives Alone	☐	Married No Children	☐	Married with Children
☐	Not Sexually Active	☐	Sexually Active	☐	Single
☐	Single Parent	☐	Unemployed		

Please explain any that you checked: _____

Medical History

Check all that apply:

☐	Anemia	☐	Anxiety Disorder	☐	Arthritis
☐	Asthma	☐	Breast Cancer	☐	Colon Cancer
☐	COPD	☐	Coronary Artery Disease	☐	Depressive Disorder
☐	Diabetes Type 1	☐	Diabetes Type 2	☐	Gastroesophageal Reflux
☐	Heart Failure	☐	HIV Infection	☐	Hypercholesterolemia
☐	Hypertension	☐	Hyperthyroidism	☐	Low Back Pain
☐	Migraine	☐	Prostate Cancer	☐	Seizure Disorder
☐	Sexually Transmitted Infection	☐	Stroke	☐	Other: _____

Please explain any that you checked: _____

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