

MEDICAL HISTORY

Omega Medical Research

Address: Primary Physician: Name: Phone: Address: Please list any family members (Relationship	Iome Phone:As		State rk Phone:_ re Americar elationship:Phone:e	n:C	Zip
e-mail: Race: White:Black: Emergency Contact: Name: Address: Primary Physician: Name: Phone: Address: Please list any family members (Relationship)	Hispanic:As		e Americanelationship: Phone: e	n:C	Other:
e-mail:Black: Emergency Contact: Name: Address: Primary Physician: Name: Phone: Address: Please list any family members (Relationship	Hispanic: As	sian:Nativ ReFax:	re Americai elationship: Phone:_ e	n:	Other:
Race: White:Black: Emergency Contact: Name: Address: Primary Physician: Name: Phone: Address: Please list any family members (Relationship	FAMILY F	Fax:	elationship:Phone:e	: -mail:	
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Phone: Address: Please list any family members (Relationship	FAMILY F Mother, Father, Sibling	Fax:Fax:	e th significa		
Please list any family members (Relationship	FAMILY I Mother, Father, Sibling		_	nt medical hi	istory
Please list any family members (Relationship	FAMILY I Mother, Father, Sibling		_	nt medical hi	istory
				Cause of Dear	th if deceased:
_					
_	MEDICA	TIONS			
Medication, check if none(🛭 попе) Indication of u	Strength and freq.	Method	Start Date	Stop Date
	ERGIES OR REACTIO				Vas:
Medication	1	Describe Reaction	1		Year

Patient Signature:	1	Reviewed By:
Date:	omrmedhx2009/shareddocs	Date:

MEDICAL HISTORY

Omega Medical Research



	HABITS
	If yes, please describe type, amount and frequency
Tobacco no	yes Packs per day, for years
Alcohol no	yes Drinks per day, for years
Exercise no	yes
Other	yes

	xercise no yes		_, 101 years					
	ther yes							
<u>ٿ</u>	,							
			METHODS (FO	R WOMEN ONLY)			
	Methods of Birth						ate	
L	Postmenopau	sal			Date of last Menses			
					Hysterectomy			
L	Surgically Ster			E	Bilateral Tubal Ligation			
	Barrier (diaphragm,				Start date			
_	Birth Control F			Br	and Name and Start Date			
L	Condoms/Sperm				Start date			
	Rhythm Meth	od			Start date			
	Abstinence				Start date			
L	Partner with Vase	ctomy			Start date			
	Same sex part	ner			Start date			
O.	ther:				Start date			
	VACCINI	E HISTOR	Y AND REA	CTI	ONS TO VACCINES			
H	ave you had a Flu vaccine in the p	ast 2 years	?			Yes	No	
Di	ate of last flu vaccine?				Date:			
Pr	revious Vaccine Reactions?					Yes	No	
Τy	ype of Reaction:					•	•	
Н	istory of anaphylactic type of reac	tion to cor	nsumption of e	egg	s or eggs protein?	Yes	No	
_	Type of Reaction:		•			ı.		
		ST AND P	RESENT MED	IC/	AL PROBLEMS			
		Year				Year	Year	
J	Check all that apply	started	Year Ended	J	Check all that apply	Started	Ended	
	LUNG, CHEST (0 none)				ENDOCRINE, META	BOLISM (0	OLISM (0 none)	
	Cough				Overweight, Obese		1	
	Tuberculosis				Diabetes mellitus		1	
H	Asthma				High Cholesterol			
\vdash	Emphysema		+	\vdash	High triglycerides			
_	Pneumonia				· · ·			
_					Thyroid disease			
	HEART,CIRCULATION (0 none)							
\vdash								
	Angina				NERVOUS SYSTEM (0 none)			
	Angina Heart Attack				Seizures			
	Angina Heart Attack Irregular Heart Beat				Seizures Stoke			
	Angina Heart Attack Irregular Heart Beat Heart Failure				Seizures Stoke Paralysis			
	Angina Heart Attack Irregular Heart Beat Heart Failure Heart Murmur				Seizures Stoke Paralysis Carpal tunnel syndrome			
	Angina Heart Attack Irregular Heart Beat Heart Failure Heart Murmur High Blood Pressure				Seizures Stoke Paralysis			
	Angina Heart Attack Irregular Heart Beat Heart Failure Heart Murmur				Seizures Stoke Paralysis Carpal tunnel syndrome			
	Angina Heart Attack Irregular Heart Beat Heart Failure Heart Murmur High Blood Pressure				Seizures Stoke Paralysis Carpal tunnel syndrome			
	Angina Heart Attack Irregular Heart Beat Heart Failure Heart Murmur High Blood Pressure Blood Clots				Seizures Stoke Paralysis Carpal tunnel syndrome Neuropathy - specify below			

PASI AND PRESENT MEDICAL PROBLEMS				
Patient Signature:	2	Reviewed By:		
Date:	omrmedhx2009/shareddocs	Date:		

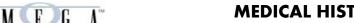
MEDICAL HISTORY



BEHAVIOR/MENTAL HEALTH (0 none) Anxiety Depression Bipolar Heartburn Acid Reflux Drug Abuse Insomnia Ulcer Disease Irritable bowel syndrome Diarrhea Blood in stools Back Pain Jaundice/Hepatitis Arthritis of joints: specify below Gall stones Elevated liver function tests Rheumatoid Arthritis (0 none) Kidney, stones Elevated urination, over active bladder Difficulty in urination Drificulty in urine Incontinence Blood in urine Infections REMALES (0 none) FEMALES (0 none) Breast Gaser Most Ceacher Most recent mammogram: Most recent mammogram: Most recent mammogram: Most (0 none) MALES (0 none) Brossua difficulties Most recent mammogram: Most recent pay smear: If of pregnancies: Sexual difficulties Most recent mammogram: Most recent mammogram: Most recent pay smear: I Leukemia/Lymphoma Males (0 none) Brosstae Cancer Prostate cancer Sexual difficulties Sexual difficulties Dematical mammogram: Most recent pay smear: I Leukemia/Lymphoma Males (0 none) Breast Cancer Prostate cancer Prostate cancer Prostate cancer Prostate cancer Sexual difficulties Lung Cancer			Year				Year	Year
DIGESTION (0 none) Bipolar Heartburn Acid Reffux GERD Ulcer Disease Irritable bowel syndrome Diarrhea Blood in stools Rheumatoid Arthritis (0 none) Gout Osteoporosis KIDNEY, URINE (0 none) KIDNEY, URINE (0 none) KIDNEY, URINE (0 none) Frequent urination, over active bladder Difficulty in urination Urination at night Incontinence Blood in urine Infections FEMALES (0 none) FEMALES (0 none) Breast disease Sexual difficulties Most recent mammogram: Most recent mammogram: Most recent mammogram: Most recent pap smear: # of pregnancies: MALES (0 none) Breast Cancer Prostate enlargement Prostate Cancer Lung Cancer Lung Cancer FERSALE (10 none) Breast Cancer Derratitis Cancer Leukemia/Lymphoma Skin Cancer Prostate enlargement Prostate Cancer Sexual difficulties Males (0 none) Breast Cancer Prostate enlargement Prostate Cancer Lung Cancer	✓	Check all that apply	started	Year Ended	✓	Check all that apply	Started	Ended
DIGESTION (0 none) Heartburn Acid Reflux Drug Abuse GERD Ulcer Disease Urritable bowel syndrome Diarrhea Blood in stools Blood in stools Jaundice/Hepatitis Gall stones Elevated liver function tests KIDNEY, URINE (0 none) Kidney, stones Frequent urination, over active bladder Difficulty in urination Urination at night Incontinence Blood in urine Infections FEMALES (0 none) Freast disease Sexual difficulties MALES (0 none) MALES (0 none) Breast disease Sexual difficultes MALES (0 none) MALES (0 none) Breast disease Sexual difficultes MALES (0 none) MALES (0 none) Breast disease Sexual difficultes MALES (0 none) MALES (0 none) Breast disease Sexual difficultes MALES (0 none) Frostate cancer Jerostate Cancer						BEHAVIOR/MENTAL	. HEALTH (0	none)
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Heartburn						Depression		
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GERD Insomnia In		Heartburn				Alcoholism		
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Infections Rosacea		Incontinence				Easy bruising		
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Bleeding after menopause Breast disease Cancer: Type/Location, s Sexual difficulties Most recent mammogram: Most recent Pap smear: # of pregnancies: Melanoma MALES (0 none) Prostate enlargement Sexual difficulites Lung Cancer Lung Cancer		Heavy periods				Bleeding tendency		
Breast disease Cancer: Type/Location, s Sexual difficulties Leukemia/Lymphoma # of pregnancies: Skin Cancer Males (0 none) Breast Cancer Prostate enlargement Prostate Cancer Sexual difficulites Lung Cancer		Menopausal symptoms						
Sexual difficulties Most recent mammogram:		Bleeding after menopause				CANCER (0 none)		
Most recent mammogram:		Breast disease				Cancer: Type/Location,		
Most recent Pap smear:		Sexual difficulties						
Most recent Pap smear:		Most recent mammogram:						
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Melanoma MALES (0 none) Breast Cancer Prostate enlargement Prostate Cancer Lung Cancer								
Prostate enlargement Prostate Cancer Sexual difficulites Lung Cancer						Melanoma		
Prostate enlargement Prostate Cancer Sexual difficulites Lung Cancer		MALES (0 none)				Breast Cancer		
Sexual difficulites Lung Cancer						Prostate Cancer		
IVasectomy I I I I I I I I I I I I I I I I I I		Vasectomy				Colon Cancer		

PAST AND PRESENT MEDICAL PROBLEMS

Patient Signature:	3	Reviewed By:
Date:	omrmedhx2009/shareddocs	Date:



MEDICAL HISTORY Omega Medical Research



Medical Research	MEDIGAL	omega we	edicai Nesear		
OTHER, Includ	OTHER, Including surgeries (0 none)				
		Color change			
		Swelling			
Have you ever participated	d in a study here?	Yes or No (circle one)			
If yes, which study		Date ended:			
How did you learn about C)mega Medical Research?				
Friend:	Radio Station:	 Physician:			
		Television Station:			
I understand that is is very important to give a true and complete medical history. I hereby attest that the information I have given Omega Medical Research is complete and accurate to the best of my knowledge. I understand that if I knowingly give false, incomplete or misleading information about my medical history (including past and present medications), this misrepresentation could have very serious consequences on my health and well-being. I also understand that this form will be used for the sole purpose of determining my eligibility to participate in a clinical research study.					
I do do not (circle one) research study.	wish to have my Primary Care	Physician notified of my participati	on in a clinical		
I hereby acknowledge that	I received a copy of Omega Me	edical Research's Notice of Informat	ion Practices .		
Patient Signature: Date:					

Review/Updated By	Date
Entered in CC by:	Date Entered:

Patient Signature:	4	Reviewed By:	
Date:	omrmedhx2009/shareddocs	Date:	