

DANIEL F. HABER, M.D.

221 E.HACIENDA AVE. SUITE C
CAMPBELL, CA 95008
408-374-5700

NAME _____ DATE _____

BIRTH DATE: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____

EXPLAIN BRIEFLY WHAT BRINGS YOU TO OUR OFFICE:

RIGHT or LEFT side of body?

1. Past Medical History: (check all that apply)

- | | | | | |
|-----------------------------------|-----------------|-----------------|----------------------|----------------|
| Measles | Angina Pectoris | Pancreatitis | German Measles | Heart Attack |
| Mumps | Heart Murmurs | Diphtheria | Rheumatic Fever | Sarcoidosis |
| Cancer | Crohn's Disease | Osteoporosis | Gallbladder problems | Hepatitis |
| Cirrhosis | Chicken Pox | Nephritis | Chronic Bronchitis | Hay Fever |
| Tuberculosis (or a positive test) | Diabetes | Duodenal Ulcer | Bleeding Ulcer | |
| Valley Fever (or a positive test) | Asthma | Thyroid Disease | Gastric Ulcer | |
| AIDS (or a positive test) | Malaria | Polio | Stroke | |
| Lime Disease | "Drug Addiction | Alcoholism | High Blood Pressure | Genital Herpes |
| Gout | Pneumonia | Pericarditis | Ulcerative Colitis | Syphilis |
| Gonorrhea | Lime Disease | Epilepsy | Emphysema | Pleurisy |

2. Please list any hospitalizations, serious illnesses, operations or severe injuries and broken bones.

Condition/ or Operation	Date	Hospital	City/State	Doctor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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3. Please list all medications that you are currently taking:

Medication Dose Frequency

4. Please list all medications that you are ALLERGIC to:

5. Please list any other allergies other than drug related:

6. Social History:

Work: hours per week _____

Occupation: _____

Have you missed work due to injury: Yes No

If YES please explain _____

Date last worked _____ Date returned to part-time _____ full time work _____

Do you exercise regularly? YES No Do you follow a special diet? YES NO

Alcohol use: Daily Occasionally Rarely Never

7. Family History (Please list significant medical conditions in family members.)