

Medical History

***Do you have or have
You had?***

YES

NO

Do you Have?

YES

NO

Fatigue			Heart Palpitations		
Heart Disease			Heart Fluttering		
Sleep Disorders			Chest Pain		
Asthma			High Cholesterol		
Thyroid Disorder Hypo or Hyper (low/high)			Cancer Type? _____		
Depression			Anemia		
Anxiety			Gallstones		
Bi Polar Disorder			Dizzy Spells		
Psychiatric Illness			Heart Murmur		
Memory Loss			Diarrhea		
Diabetes			Constipation		
High Blood Pressure			Sleep Apnea		
DVT/Pulmonary Embolism			Swelling of legs/ankles		
History of a Heart Attack			COPD		
History of Coronary Artery Disease			Seizures		
Migraine Headaches			Bulimia		
Kidney Disease			Anorexia		
Liver Disease			Kidney Stones		
Hepatitis			Shortness of breath		
Polycystic Ovarian Syndrome			Stomach Ulcers		

Do you Have a History of Alcohol/Drug Dependence? Y/N

Do you have a family history of cardiac disease, sudden death, cancer, high blood pressure, diabetes, psychiatric illness?

If yes, who (mother, father, brother, sister, aunt, uncle) _____

Notice of Personal Health Information Practices (HIPPA Privacy Notice)

Dr. Marc S Scheiner is committed to treating information about you and your health responsibly. The Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule gives individuals the right to be informed of the privacy practices of their health plans and of their health care providers, as well as to be informed of their individual rights with respect to their protected health information. Health care providers are required to provide a notice of these rights and practices. By signing here you are agreeing that you have received or have been given the opportunity to review our Notice of Privacy Practices. You are further giving your consent to Dr. Scheiner to provide your physician with information regarding the treatment you receive by Dr. Scheiner.

Name: _____ Signature: _____ Date: _____