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*Internal Medicine, Family Practice*

**First Care Medical Center**  
**PERTINENT MEDICAL INFORMATION**  
(Please answer ALL questions)

800 Mercy Dr. Ste 120 | Council Bluffs, IA 51503  
(712) 388-2770  
3212 S. 24th St. Ste 101 | Omaha, NE 68108  
(402) 916-4130

**PATIENT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

**SURGERY** – Please list all operations you have had (include approximate dates)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES	Medication	Response
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICATIONS – Please list all medicines you take			
Medication	Dose	#Times per day	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PERSONAL HISTORY** – Have you had any of the following?

- Cancer     Heart Disease     Diabetes     High Blood Pressure     Asthma     Arthritis     Hepatitis  
 Tuberculosis     Back Problems     HIV     Other : \_\_\_\_\_

Do you smoke?     Yes    Packs/day: \_\_\_\_\_    for how long: \_\_\_\_\_ year(s)    Any blood transfusions? \_\_\_\_ Y/N \_\_\_\_  
 No     Quit

Do you drink alcohol?     No     Yes    drinks/day: \_\_\_\_\_    drinks/week: \_\_\_\_\_

Do you use drugs?     No     Yes    what kind? \_\_\_\_\_

FAMILY HISTORY	AGES	MEDICAL HISTORY
Father	_____	_____
Mother	_____	_____
Brother	_____	_____
Sister	_____	_____