LORRAINE OFORI-AWUAH, MD, PA
WHITE MARSH PROFESSIONAL CENTER
5430 CAMPBELL BLVD, SUITE 214
WHITE MARSH, MD 21236

MEDICAL HISTORY

Name _____ Date of Birth _____ Acct# _____

Medication Allergies

Medication name	Reactions

List all current medications including herbal remedies and vitamins:

Family History: Are you adopted? Yes No. Does your biological family have any of the following conditions?

	Who
Hypertension	
Diabetes Mellitus	
Cancer	
Kidney Disease	
Heart Attack before age 55	
High Cholesterol	
Psychiatric Illness	

Personal History:

List all medical conditions	Previous Surgeries

Review of Systems:

Constitutional			**Cardiovascular**		
Recent Significance Weight Loss/Gain	Yes ☐	No ☐	Palpitations	Yes ☐	No ☐
Chronic Fatigue	Yes ☐	No ☐	Chest Pains with Exertion	Yes ☐	No ☐
Fever/Chills	Yes ☐	No ☐	Shortness of Breath	Yes ☐	No ☐
Night Sweats	Yes ☐	No ☐	Swelling of the Feet	Yes ☐	No ☐
Respiratory			**Endocrine**		
Cough	Yes ☐	No ☐	Severe Heat or Cold Intolerance	Yes ☐	No ☐
Sputum Production	Yes ☐	No ☐	Weight Loss despite increase appetite	Yes ☐	No ☐
Coughing up Blood	Yes ☐	No ☐	Constipation	Yes ☐	No ☐
Difficulty Breathing	Yes ☐	No ☐	Diarrhea	Yes ☐	No ☐
Wheezing	Yes ☐	No ☐	Frequent Urination	Yes ☐	No ☐
			Frequent Thirst	Yes ☐	No ☐

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Gastroenterology			**ENT**		
Abdominal Pain	Yes ☐	No ☐	Sinus Pressure	Yes ☐	No ☐
Heartburn	Yes ☐	No ☐	Post Nasal Drip	Yes ☐	No ☐
Bloody stools	Yes ☐	No ☐	Frequent Nose Bleeds	Yes ☐	No ☐
Change in bowel habits	Yes ☐	No ☐	Hearing Impairment	Yes ☐	No ☐
Vomiting blood	Yes ☐	No ☐	Ear Discharge	Yes ☐	No ☐
Pain/Difficulty Swallowing	Yes ☐	No ☐	Allergies	Yes ☐	No ☐
Ever had a colonoscopy?	Yes ☐	No ☐			
Genitourinary			**Dermatological**		
Urinary Incontinence	Yes ☐	No ☐	Skin Rash	Yes ☐	No ☐
Difficulty Passing urine	Yes ☐	No ☐	Eczema	Yes ☐	No ☐
Enlarge Prostate	Yes ☐	No ☐	Skin Cancer	Yes ☐	No ☐
Frequent Urinary Infections	Yes ☐	No ☐			
Blood in urine	Yes ☐	No ☐	**Psychiatry**		
Pain/Burning when urinating	Yes ☐	No ☐	Depression	Yes ☐	No ☐
Erectile Dysfunction	Yes ☐	No ☐	Anxiety	Yes ☐	No ☐
Poor Urinary Stream	Yes ☐	No ☐	Severe Mood Swings	Yes ☐	No ☐
			Difficulty Sleeping	Yes ☐	No ☐
Hematological					
Anemia	Yes ☐	No ☐	**Musculoskeletal**		
Bleeding Disorder	Yes ☐	No ☐	Muscle Pain	Yes ☐	No ☐
Blood Clot	Yes ☐	No ☐	Bone Pain	Yes ☐	No ☐
Low Platelets	Yes ☐	No ☐	Joint Pains	Yes ☐	No ☐
Sickle Cell Disease	Yes ☐	No ☐			
Easy Bruising	Yes ☐	No ☐			
Blood transfusion	Yes ☐	No ☐			
Gynecological			**Neurological**		
Vaginal Discharge	Yes ☐	No ☐	Localized weakness	Yes ☐	No ☐
Pelvic Pain	Yes ☐	No ☐	Numbness/ tingling sensation	Yes ☐	No ☐
Heavy menstruation	Yes ☐	No ☐	Loss of sensation	Yes ☐	No ☐
Gynecological surgeries	Yes ☐	No ☐	Frequent headaches	Yes ☐	No ☐
			Memory loss	Yes ☐	No ☐