JESUS K. TAN, M.D., F.A.C.S.
JESSE W.TAN, M.D., F.A.C.S.
2865 ATLANTIC AVENUE
SUITE 225
LONG BEACH, CA 90806
PHONE (562) 988-8818 FAX: (562) 988-8819

MEDICAL HISTORY QUESTIONNAIRE

BRIEFLY, WHAT PROBLEM(S) BRINGS YOU TO OUR OFFICE TODAY?

____

____

____

____

MEDICAL PROBLEMS (PLEASE CIRCLE IF ANY PERTAIN TO YOU)

HEART DISEASE	DEPRESSION	URINARY RETENTION
HYPERTENTION	ASTHAM	STROKE
HIGH CHOLESTEROL	ALLERGIES	THYROID DISEASE

OTHER____

PATIENT WITH THYROID/PARATHYROID PROBLEMS: (PLEASE CHECK ANY PERTAINING TO YOU)

_______ FAMILY HISTORY OF THYROID CANCER

_______ FAMILY HISTORY OF HIGH CALCIUM LEVELS

_______PREVIOUS RADIATION THERAPY/ EXPOSURE

PREVIOUS SURGERIES: ____

DO YOU SMOKE?: Y/N IF SO HOW MANY PACKS A DAY? _____________FOR HOW LONG?_____________

DO YOU DRINK ALCOHOL?: Y/N IF SO, HOW MUCH? _______________________________

DRUG ALLERGIES: ____

CURRENT MEDICATIONS:

____

____

____