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Advanced Internal Medicine, PC
AIM for Better Health

Patient Name: _____ Date: _____

Past Medical History: Please fill in the appropriate bubbles entirely like ●

anemia	O Yes	O No
asthma	O Yes	O No
back pain	O Yes	O No
breast lump	O Yes	O No
cancer	O Yes	O No
Heart failure	O Yes	O No
COPD/Emphysema	O Yes	O No
Diabetes	O No	O Yes, If Yes O Diet O Medication O Insulin
edema	O Yes	O No
headache	O Yes	O No
hypercholesterolemia	O Yes	O No
hypertension	O Yes	O No
incontinence	O Yes	O No
kidney stones	O Yes	O No
macular degeneration	O Yes	O No
mitral valve prolapse	O Yes	O No
seasonal allergies	O Yes	O No
seizures	O Yes	O No
skin disease	O Yes	O No
sleep apnea	O Yes	O No
Thyroid Disease	O Yes	O No