



Julien H. Meyer, Jr., M.D.
Donna L. Musgrave, M.D.
Kurt R. Stockstill, M.D.
Lynn M. Keene, M.D.

Dianna L. Curtis, M.D.
Eric D. Swisher, M.D.
Elizabeth R. Martin, M.D.
Jill M. Arliss, M.D.

Jill A. Gaines, M.D.
Mark W. Chewning, M.D.
Stephanie Quinn-Phlipot, NP
Melissa P. Perler, NP

21 Highland Avenue, Suite 200 • Roanoke, VA 24013 Telephone (540) 982.8881 • Facsimile (540) 982.0612

PATIENT MEDICAL HISTORY

Instructions: Please mark box with an X and explain positive information beside illness; including year diagnosed, place of treatment and current treatment if applicable. If you need more space in any one section please use any unused adjoining lines.

Example: [] 17. High Blood Pressure – Diagnosed 1987 by Dr. Bill Jones, UVA Medical Center. Now on XYZ medication.

[] 1. Thyroid Disease _____

[] 2. Asthma _____

[] 3. Heart Disease (including mitral valve prolapse, rheumatic fever) _____

[] 4. Lung Disease (including T.B.) _____

[] 5. Bowel/Stomach Disease _____

[] 6. Kidney Disease _____

[] 7. Liver Disease/Hepatitis _____

[] 8. Congenital Abnormalities _____

[] 9. Infertility _____

[] 10. Multiple Births _____

[] 11. Urinary Infections _____

[] 12. Venereal or Sexually Transmitted Diseases (or exposure to) _____

[] 13. Phlebitis/Varicose Veins _____

[] 14. Anemia (type, if known) _____

[] 15. Diabetes _____

[] 16. Epilepsy (or other neurological disease) _____

[] 17. High Blood Pressure _____

[] 18. Malignancies _____

[] 19. Major Accidents _____

[] 20. Operations/Hospitalizations (give year and reason) _____



Julien H. Meyer, Jr., M.D.
Donna L. Musgrave, M.D.
Kurt R. Stockstill, M.D.
Lynn M. Keene, M.D.

Dianna L. Curtis, M.D.
Eric D. Swisher, M.D.
Elizabeth R. Martin, M.D.
Jill M. Arliss, M.D.

Jill A. Gaines, M.D.
Mark W. Chewning, M.D.
Stephanie Quinn-Phlipot, NP
Melissa P. Perler, NP

21 Highland Avenue, Suite 200 • Roanoke, VA 24013 Telephone (540) 982.8881 • Facsimile (540) 982.0612

PATIENT MEDICAL HISTORY (continued)

Instructions: Please mark box with an X and explain positive information beside illness; including your year diagnosed, place of treatment and current treatment if applicable. If you need more space in any one section please use adjoining lines.

Example: 17. High Blood Pressure – Diagnosed 1987 by Dr. Bill Jones, UVA Medical Center. Now on XYZ medication.

21. Anesthesia Complications _____

22. History Blood Transfusion _____

23. Use of Alcohol (# drinks per day/social/years drinking) _____

24. Use of tobacco (number cigarettes per day/years smoking) _____

25. Drug Allergies (list) _____

26. Medication List (type/dosage/schedule) Include over-the-counter medications, diet pills, hormone replacement therapy.

27. Any other illnesses, symptoms or information which may have importance to your health. _____

Patient Signature _____