



FAMILY PRACTICE – BUBBLE SHEET

2800 Garth Road, Baytown, TX 77521

Tel: (281) 425-3800 Fax: (281) 425-3992

Patient Name: _____ Date of Birth: _____
Gender: _____ Referring Physician: _____ Family Physician: _____

Allergies (Medications & food): _____

Surgical History (Please fill in the answer bubble for any past surgeries)

- Appendectomy (Appendix removal)
Nephrectomy (Kidney removal)
Colon Surgery
Prostate Surgery
Heart valve replacement
Pacemaker placement
Carotid Artery Surgery
Tubal Ligation
Knee Surgery (Rt or Lt or both)
Back Surgery
Tonsillectomy (Tonsil removal)
Gastric Bypass Surgery
Hemorrhoidectomy (Hemorrhoid removal)
Total Hysterectomy (Uterus & Ovaries)
Hernia Repair (Groin or umbilical)
Cholecystectomy (Gall Bladder removal)
Thyroidectomy (Thyroid removal)
Stent placement in the heart (PTCA)
Hip Replacement (Rt or Lt or both)
Breast biopsy/lump removal
C-Section
Foot Surgery (Rt or Lt or both)
Carpal Tunnel Surgery
Adenoidectomy (Adenoid Removal)
Gastric Banding
Polyp removal
Partial Hysterectomy (Only Uterus)
Hiatal Hernia (Stomach)
Lung Biopsy/Surgery
Bladder Suspension
Heart Bypass surgery (CABG)
Knee Replacement (Rt / Lt or both)
Mastectomy (Breast removal)
Oophorectomy (Ovary removal)
Neck surgery
Cataract Surgery
Other Orthopedic (Joint) Surgery
Gastric stapling
Vasectomy
Other: _____

Past Medical History (Please fill in the answer bubble for the medical issues that apply to you)

Cardiovascular (Heart Problems)

- Coronary Artery Disease (Plaque in the arteries)
Arrhythmias (Irregular Heart Rate)
Heart Valve disease
Hyperlipidemia (High Cholesterol)
Hypertension (High Blood Pressure)
DVT (Clot in the legs/arms)
Peripheral Vascular Disease (Poor circulation in the legs)
Abdominal Aortic Aneurysm
Myocardial Infraction (Heart Attack)
Cerebrovascular Accident CVA (Stroke)
Transient Ischemic Attack TIA (Mini strokes)
Heart Failure CHF
Hypotension (Low Blood pressure)
Rheumatic Heart Disease
Cardiomyopathy (Heart muscle disease)
Atrial Fibrillation

Pulmonary (Lung Problems)

- Asthma
Chronic Obstructive Pulmonary Disease COPD
Bronchitis
Sleep Apnea
Pulmonary Embolism (Clot in lungs)
Pulmonary Fibrosis
Allergic Rhinitis
Sarcoidosis

Gastroenterology (Stomach & intestine Problems)

- Ulcers
GERD (Heartburn/reflux)
Hiatal Hernia
Irritable Bowel Syndrome
Diverticulitis/ Diverticulosis
Gallstones
Pancreatitis
Hepatitis B
Hepatitis C
Alcoholic Hepatitis
History of colon polyps
Femoral Hernias (Groin hernias)
Fatty Liver
Constipation
Hemorrhoids
Ulcerative Colitis
Chron's disease
Hepatitis A
Liver Cirrhosis



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Endocrinology (hormone problems)

- Diabetes type 2 (*High Blood Sugar*)
- Impaired Fasting Glucose (*Pre-Diabetes*)
- Obesity
- Hyperthyroidism (*High functioning thyroid*)
- Hypothyroidism (*Low Thyroid Hormone*)
- Hypoglycemia (*Low Blood Sugar*)
- Polycystic Ovarian Syndrome
- Cushing Syndrome
- Hyperparathyroidism (*High parathyroid Hormone*)
- Insulin Resistance
- Diabetes type 1
- Gestational Diabetes (*Diabetes during pregnancy*)

Hematology (Blood Disorders)

- Iron Deficiency Anemia
- Thalassemia Major/ Minor
- Sickle Cell Anemia
- Bleeding Disorders
- Leukemia
- Currently on Blood thinners

Neurology (Brain & Nerve problems)

- Headache
- Tremors
- Meningitis
- Carpal Tunnel Syndrome
- Peripheral Neuropathy (*Nerve pain*)
- Fibromyalgia
- Herniated Disc
- Migraines
- Alzheimer's Disease
- Bell's Palsy
- Lumbar Radiculopathy (*Low back pain going down the legs*)
- Spinal Stenosis (*Narrowing of space in the spinal cord*)
- Sciatica
- Obstructive Sleep Apnea
- Seizures
- Parkinson's Disease
- Memory Loss
- Cervical Radiculopathy (*Neck pain going down to arms*)
- Disc disease
- Shingles
- Multiple Sclerosis

Psychiatry/ Rheumatology/Other

- Depression
- Alcohol Abuse
- Bipolar Disorder
- Osteoarthritis
- Glaucoma
- Insomnia
- Osteoporosis / Osteopenia
- Anxiety Disorder
- Drug Abuse
- ADHD – Hyperactive / Inattentive
- Gout
- Attention Deficit Disorder
- Joint Problems
- Hip Fracture
- Mental Retardation
- Tobacco Abuse
- Systemic Lupus Erythematosus
- Rheumatoid Arthritis
- Sleep changes
- Cataracts
- Eating Disorders

Urology/Nephrology/Gynecology (Bladder/Kidney/Prostate/Breast/Female Organs Problems)

- Incontinence
- Kidney stones
- Fibroids (*Benign uterine tumors*)
- Genital Herpes
- Menopause
- Erectile Dysfunction
- Prostate Cancer
- Testicular Cancer
- Colon Cancer
- Uterine Cancer
- Head & Neck Cancer
- Advance Directives
- Renal Failure / dialysis
- STI Sexually transmitted Infection
- Dysmenorrhea (*Irregular Painful periods*)
- Endometriosis
- Urinary tract infections
- Menorrhagia (*Heavy periods*)
- Brain Cancer
- Thyroid Cancer
- Rectal Cancer
- Breast Cancer
- Pancreas Cancer
- Radiation
- Polycystic Kidneys
- Sexual problems
- Breast lumps
- Abnormal pap smears in the past
- Benign Prostatic Hypertrophy (*Large Prostate*)
- Miscarriage
- Bone Cancer
- Lung Cancer
- Ovarian Cancer
- Skin Cancer
- Cervical Cancer
- Chemotherapy

Other: _____



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Family History (Please fill the bubble corresponding to medical issues experienced by the following family members)

	Father	Mother	Siblings (Brothers/ Sisters)	Paternal Grandfather (Father's Father)	Paternal Grandmother (Father's Mother)	Maternal Grandfather (Mother's Father)	Maternal Grandmother (Mother's Mother)
Hypertension (<i>High Blood Pressure</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myocardial Infraction (<i>Heart Attack</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hyperlipidemia (<i>High Cholesterol</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coronary artery disease (<i>Plaque in arteries</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bleeding Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Clots	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches/ Migraines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thyroid Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multiple Sclerosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other							

Social History

Smoking Tobacco Currently smoking Former Smoker Never Smoked

Please fill the information below **if** you are a current or former smoker

How much? Less than a pack a day 1 pack a day 2 pack a day 3+ pack a day
 How long? 1-5 years 6-10 years 11-15 years 16-20 years 20+years

if Former Smoker, when did you quit?

1-5 years ago 6-10 years ago 11-15 years ago 16-20 years ago 20+years ago

Chewing Tobacco Currently user Former user Never chewed tobacco

Please fill the information below **if** you are a current or former user

How long? 1-5 years 6-10 years 11-15 years 16-20 years 20+years

Alcohol Use: No Daily Weekly Socially only Former Alcoholic

If Yes, How much do you have in one sitting? 1-2 alcoholic beverages 2-4 bevg 4-8 +10

If Former Alcoholic How long ago did you quit? few months 1 yr 1-5 yrs 6-10 yrs
 11-15 yrs 16-20 yrs 20+yrs



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Illicit Drug Use: Currently using Former user Never used illicit drugs

Please fill the information below if you are a current or former user. What types of drugs do/did you use?

Heroin cocaine crack marijuana meth

Piercings & Tattoos: Do you have any piercings or tattoos? Yes No (other than ears)

Marital Status: Single married Divorced Separated Widowed

Children? How many children to do you have? 1 2 3 4 5 6 7 8 9 None

Exercise Yes No If NO skip to the next question

How long? 10-15 mins 20-30 mins 30-45 mins 45 mins or more

How often? Less than 2 times a week 3-4 times/week 5-6 times/week 7 days a week

Education: Grade School High School/GED Vocational/Tech Junior College Undergraduate College Graduate Degree

Employment Status Full time employment Retired Unemployed Not employed outside home Part-time employment Full time student Part-time Student

Occupational Exposure: Asbestos Flourine/Flourides/Benzene Coal Dust Radiation Sulfur dioxide cyanides Organic solvents Pesticides/Insecticides Tuberculosis Physical Work Shift work

Health Maintenance (Please list the last time you had the following testing/immunizations done)

Bone Density Test (screening for osteoporosis) (month/year) _____

Mammogram (screening for breast cancer) (month/year) _____

Pap smear & Pelvic exam: (screening for cervical and ovarian cancer) (month/year) _____

Colonoscopy (Screening for colon cancer) (month/year) _____

Rectal Exam (Screening for prostate/colon cancer) (month/year) _____

TDaP (Immunization for Tetanus,diphtheria, pretussis) (year) _____

Pneumococcal vaccine (Immunization for pneumonia) (year) _____

Zoster Vaccine (Immunization for Shingles) (year) _____