

**VANESSA SHANA ROTHHOLTZ, M.D., INC.**

Century City Medical Plaza ~ 2080 Century Park East, Suite 1609, Los Angeles, CA 90067 ~ 310-926-1573 Fax 310-926-1563

PATIENT'S NAME: \_\_\_\_\_ DATE OF VISIT: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ OCCUPATION \_\_\_\_\_

REASON FOR VISIT: \_\_\_\_\_

CURRENT MEDICINES/DOSES: 1. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_  
4. \_\_\_\_\_ 7. \_\_\_\_\_

ALLERGIES TO MEDICINES:  
1. \_\_\_\_\_  
2. \_\_\_\_\_

**PLEASE LIST ALL PRIOR MAJOR ILLNESSES/SURGERIES (with years)**

Illnesses/Injuries 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Hospitalizations 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
Operations 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

FAMILY HISTORY (please check)  Heart Disease  Diabetes  Cancer  Other \_\_\_\_\_

Which family member? \_\_\_\_\_

Do you drink soda/coffee/tea?  No, never  No, but I used to  Yes ~ Cups/Drinks per day? \_\_\_\_\_  
Do you drink alcohol?  No, never  No, but I used to  Yes ~ How many drinks? \_\_\_\_/day or wk?  
Do you smoke?  No, never  No, but I used to  Yes ~ Packs per day? \_\_\_\_x\_\_\_\_ years  
Do you use illicit drugs?  No, never  No, but I used to  Yes ~ Which? \_\_\_\_\_

**HAVE YOU EXPERIENCED ANY OF THE FOLLOWING? (circle Y or N)**

<b>CONSTITUTIONAL</b>		<b>CARDIOVASCULAR</b>		<b>GENITOURINARY</b>	
weight gain/loss(>15lbs)	Y N	heart attack	Y N	frequent urination	Y N
constant night sweats	Y N	high blood pressure	Y N	prostate problems	n/a Y N
		heart murmur	Y N		
<b>EYES</b>		<b>GASTROINTESTINAL</b>		<b>SKIN</b>	
double vision	Y N	diarrhea	Y N	past skin cancer	Y N
glaucoma	Y N	heartburn	Y N	past radiation therapy	Y N
<b>EAR/NOSE/THROAT</b>		<b>ENDOCRINE</b>		<b>MUSCULOSKELETAL</b>	
hearing loss	Y N	diabetes	Y N	arthritis	Y N
ear pain	Y N	thyroid disease	Y N	back pain	Y N
ringing in ears	Y N	autoimmune disease	Y N	<b>RESPIRATORY</b>	
balance problems	Y N	<b>NEUROLOGIC</b>		asthma/emphysema	Y N
hearing aid	Y N	headaches	Y N	chronic cough	Y N
difficulty breathing	Y N	seizures	Y N	Tuberculosis	Y N
nosebleeds	Y N	stroke	Y N	<b>PSYCHIATRIC</b>	
nasal drainage	Y N	<b>HEMATOLOGY</b>		anxiety	Y N
sinus problems	Y N	bruise easily	Y N	depression	Y N
snoring	Y N	anemia	Y N	sleep problems	Y N
voice changes	Y N	cancer	Y N		

OTHER \_\_\_\_\_

If YES to any of the above, please explain: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ M.D.