

**Internal Medicine Associates of Gastonia, PA
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Gastonia, NC 280854
704-853-3330**

Jaime Villarreal, MD

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Tell us about yourself: (NAME): _____ (DOB): _____

Preferred pharmacy: _____

Are you allergic to any medication/latex? _____

Have you or a member of your family ever been treated for:

<u>CONDITION</u>	<u>PERSONAL HISTORY</u>	<u>FAMILY MEMBER</u>
Hypertension		
High Cholesterol		
Diabetes		
Cancer		
Anxiety/Depression		
Chronic Pain		
Insomnia		
Shortness of Breath		
Myocardial Infarction/Heart Attack		
Atrial Fib		
Thyroid Disorder		
Neurological Disorder (stroke, TIA)		
Gallbladder Disease		

Social History:

__ Tobacco use

__ Alcohol use

List of current medications: _____

Surgical History: _____

LMP: _____

Last Mammogram (result, date, location): _____

Last Pap Smear (result, date, location): _____

Have you ever had a colonoscopy? (result,date,location): _____

Have you ever had a PSA? (men only): _____