

Each new patient or (for annual exam) must correctly fill out this form before consulting Dr. Moini, When filled out is part of your medical file & **Confidential**. This form is **very important to make the diagnostic & It is at your full discretion to answer all or part of these questions but answer precisely, please make a circle for yes or No, if you do not know precisely or if you do not want to answer, write down NA, Do not put a cross(X)line, just write down or make a circle, cet forme existe en france aussi.**

Name, First name: Female ,Male	Sex	Language: French—English-Allophone
Telephones:	Maternal Language:	
e-mail :	Profession(s):	

Telephones of your pharmacy:

Date	Medical History	Date	Psychiatric History
			Depression: + - Anxiety: + -
			panic attack, Phobia : + -
			Other: schizophrenia,..... + -
			Surgical History
			Esthetical treatments: Botax , fillers, laser
	expose to chemical, physical,.....hazards		
	Hearing problems/Aids: No, Yes:		
	Eye Problems/ glasses/ lens: No, Yes:		Allergies:
			Medications: No Yes:
			Others:Egg,latex,Gelatin,.....
		Height	Weight abdo size....
Are you afraid of needle? No Yes Are you afraid of to be examined alone? No yes, do you want some one to be present during the exam? No.... Yes, Do you take any natural products? No Yes, which one			
Family history (hereditary illness/disease) Mother: Sister(S): Brother(S):			

Father:				
Other:				
Style of life				
Tobacco	No	Yes	since.....	how much:
active, passive				
Alcohol	No	Yes	since.....	how much:
social, abuse				
Narcotics	No	Yes	since.....	how much:
Liquor	No	Yes	since.....	how much:
Coffee	No	Yes	since	
Sedentary	No	Yes	since	
Sports	No	Yes	since	
Risk of STD, hepatitis, aids....(stable partner, /multiple partners , Sexual Orientation:				
Hetero, Homo, Bi NA ..				
Pregnant	No	yes, weeks.....	Sexual problems:.....	
VACCINATIONS: at least In the past 10 years except childhood vaccinations				
Hepatitis A, B,1.....2.....3.....				
Booster.....				
Gardasil (HPV)*1-----2-----				
3,.....				
Flu 05- 06- 07- 08- 09- 10				
Pneumovax-23.....NO.....YES, DATE: _____				
VaricellNO.....YES, DATE: _____				
MMR.....NO.....YES, DATE: _____				
Yellow fever.....NO.....YES, DATE: _____				
Meningitis.....NO.....YES, DATE: _____				
d2T5, Polio	1	2	3 boosters	
Are you against vaccinations? No Yes, which				
one?.....Why?.....				

Please continue on the back (reverse) side of this sheet, **Signature...**

Why are you consulting Dr. Moini?

- 1) Looking for a family physician, Why?.....*****.
Screen for: Aids, Hepatitis, Syphilis,.....Cancers: skin , breast, gyneco , prostate, testicular, Gastro-intestinal,...
 - 2) Changing family doctor? Why.....?,
 - 3) You have been referred by another medical Doctor. to have Dr.Moini’s opinion,
Which one.....for what.....
 - 4) **Vaccination: Hepatitis A, B, Gardasil (HPV)*pneumovax-23varicell,MMR, yellow fever, Meningitis,d2T5, Polio or Travel Clinic.*******
 - 5) Minor surgery or joint infiltration (synvisc, cortisone)*****
 - 6-For aesthetic treatment, facial & neck wrinkles, eye brow elevation,(Botox)lip augmentation (Restylane, Perlane, etc.) Varicose, Laser*****
- *****Ask the pertinent questions & fill it out in waiting room**

A: If you are a new patient, **before you see Dr.Moini:1-You should bring the list of all your medications printed out by the pharmacy or call pharmacy to fax us the list,**

B: legible medical summary from the previous **family medical doctors** is obligatory,

C:if you have been undergoing some investigations, it is very important that you provide us the copies.

The parts of the body to be examined during a medical exam is done according to age, previous illness, lifestyle, family illness...& then normally several laboratory tests should be done. If you do not want a part of the body examined or a test not to be done you may want to write it down in the space below.

Please write down the symptoms you are currently consulting for at the bottom of this page. & indicate which problem is a **priority** that needs to be discussed today.

- 1-
- 2-
- 3-