NORTH CAROLINA INTERNAL MEDICINE, PC
251 KEISLER DR., SUITE 300
CARY, NC 27518
CHINA K. GOLI, MD & ASWANI NAIDU, MD
TEL: (919) 851-1600 FAX: (919) 851-1666

MEDICAL HISTORY

Check any conditions you currently have or have had in the past:

- ☐ AIDS
- ☐ ALCOHOLISM
- ☐ ANEMIA
- ☐ ANOREXIA / BULEMIA
- ☐ APPENICITIS
- ☐ ARTHRITIS
- ☐ ASTHMA
- ☐ BLEEDING DISORDERS
- ☐ BREAST LUMPS
- ☐ BRONCHITIS
- ☐ CANCER
- ☐ CATARACTS
- ☐ CHEMICAL DEPENDENCY
- ☐ CHICKEN POX
- ☐ DIABETES
- ☐ EMPHYSEMA
- ☐ EPILEPSY
- ☐ GLAUCOMA
- ☐ GOITER
- ☐ GOUT
- ☐ HEART DISEASE
- ☐ HEPATITIS
- ☐ HERNIA
- ☐ HERPES
- ☐ HIGH CHOLESTEROL
- ☐ HIV POSITIVE
- ☐ KIDNEY DISEASE
- ☐ LIVER DISEASE
- ☐ MEASLES
- ☐ MIGRAINES
- ☐ MISCARRIAGE
- ☐ MONONUCLEOSIS
- ☐ MULTIPLE SCLEROSIS
- ☐ MUMPS
- ☐ PACEMAKER
- ☐ PNEUMONIA
- ☐ POLIO
- ☐ PROSTATE PROBLEM
- ☐ PSYCHIATRIC CARE
- ☐ RHEUMATIC FEVER
- ☐ SCARLET FEVER
- ☐ STROKE
- ☐ SUICIDE ATTEMPT
- ☐ THYROID PROBLEM
- ☐ TUBERCULOSIS
- ☐ ULCERS
- ☐ VAGINAL INFECTIONS
- ☐ STD's

Date of last Colonoscopy: _____

Date of last Bone Density: _____

Date of last Prostate Exam: _____

Date of last Mammogram: _____

List any allergies you have:

_____

_____

_____

_____

_____

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MEDICATION LIST

MEDICATION NAME:	MEDICATION DOSE:	MEDICATION FREQUENCY: