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Comprehensive Digestive Health Khaled Elraie, MD, FACP Patient History Form Dated Patient's name Main issue bringing you in today Name of any gastroenterologists you saw in the past Have you had any upper or lower endoscopies in the past? If so, when? Past Medical History (for example, high blood pressure, diabetes, etc.) Do you smoke? How much and for how long? Do you drink? How much and for how long? A...

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3D[0HGLFDO \$VVRFLDWHV ,QF : 0DUNHW 6W 6XLWH \$NURQ 2+ 3KRQH)D[New Patient Medical History Name: Date of Birth: Age: Sex: Signature Date: ? Please briefly state in the box below the reason for your visit ? ? Past Medical History ? Condition Disease Year Began Condition Disease Year Began Hypertension Other(s): ? High Cholesterol? Hypothyroidism (low thyroid)? COPD, Emphysema or Asthma? Diabetes? ...

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Patient Medical History Anthony J. Buto, DPM, FACFS 2520 Packard Rd. Ypsilanti, MI 48197 Today's Date: (734) 434-3545 Name: Height: Weight: Age: Shoe Size: Address: City: State: Zip: Home Phone: Cell Phone: Work Phone: Social Security #: Date of Birth: Sex: Marital Status: Race: Language Preference: Ethnicity: Hispanic Non-Hispanic Patient's Employer: Address: R E S P O N S I B L E PARTY: (Party res...

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