

IQBAL SAEED, M.D.
Internal Medicine
2227 Drake Avenue, Suite 7A •Huntsville, Alabama 35805

Name: _____ DOB: _____ Date: _____

Previous Medical Providers name and address: _____

ALLERGIES

Drug and Food Allergies and Indicate Reaction:

PERSONAL

Do you use cigarettes, pipes, cigars or chewing tobacco? Yes No
If yes How often _____
If quit..... When: _____
Do you drink alcohol? Yes No
If yes How often _____
Do you drink coffee, sodas or other caffeinated beverages? Yes No
If yes How often _____
Do you use any street drugs or abuse prescription pain medication? Yes No
What types _____ How often _____
Do you exercise regularly? Yes No
If yes How often and what kinds _____

SOCIAL HISTORY

Are you sexually active? Yes No
Do you think you are at risk for HIV AIDS or other sexually transmitted diseases? Yes No
Have you ever been tested for HIV? Yes No
If yes, when ___/___/____. What was the result? Negative Positive
Marital status: Single Married Widowed Divorced Separated
Education: GED High School Tech School College Post Grad Other: _____
Activities/Hobbies/Sports: _____
Religious Preference: _____
Current Job /Position: _____

FAMILY HISTORY

Do you have a **FAMILY HISTORY** of (check all that apply & indicate your relationship to the person affected):

Allergic Rhinitis _____ Alzheimer's disease _____ Anemia _____
 Anxiety _____ Asthma _____ Birth Defects _____
 Bleeding Disorder _____ Blood Clots _____ Breast Lump _____
 Cancer/Type _____ Chronic Bronchitis _____ Colitis _____
 Congestive Heart Failure _____ COPD _____ Crohn's Disease _____
 Dementia _____ Depression _____ Diabetes Mellitus _____
 Eczema _____ Enlarged Prostate _____ Genetic Disease _____
 Glaucoma/Eye Disease _____ Gout _____ Heart Attack _____
 Heart Disease _____ Heartburn/GERD _____ Hepatitis/Liver Disease _____
 High Cholesterol _____ HIV Infection _____ Hypertension _____
 Lung Disease _____ Migraine Headaches _____ Osteoporosis _____
 Peptic Ulcer _____ Psychiatric Disorder _____ Renal/Kidney Disease _____
 Seizure Disorder _____ Stroke Syndrome _____ Substance Abuse _____
 Thyroid Disorders _____ Tuberculosis _____ Other: _____
 Other: _____

