Ihosvani Miguel, MD, PA

Endo Care of South Florida
Center for Endocrine and Diabetes Care

☐ Ft. Laud Office:
1400 South Andrews Avenue
Fort Lauderdale, FL 33316

☐ P. Pines Office:
601 NW 179th Avenue, Suite A
Pembroke Pines, FL 33029

☐ Hialeah Office:
3800 W 12 Avenue
Hialeah, FL 33012

Phone: (855) 844-1545 Fax: (855) 844-1545

(Please Print)

Today's date:	PCP:

PATIENT INFORMATION

Patient's last name:	First:		
Street address: ❑ Same, no updates ❑ New		Home phone no.:	
Address:	City:	State:	ZIP Code:
Primary Doctor ❑ Same, no updates ❑ New	Office Phone Number ( )	Fax phone no.: ( )	

Your Pharmacy	Phone Number	Address

MEDICAL HISTORY UPDATE

1. I have the following NEW medical conditions since last appointment ❑ None, no changes since last appointment

2. I have the following NEW surgerie(s) since last appointment ❑ None, no changes since last appointment

3. Any new allergies? ❑ Yes ❑ No If yes, please indicate:

4. Any new medication or drugs taken? Please indicate doses since last visit:

Please mark any of the following symptoms that you are having:

General ❑ Unexplained weight change ❑ Fatigue ❑ Fever

Eyes ❑ Eye Laser Treatment ❑ Cataract ❑ Retinal Detachment ❑ Poor Vision /Blindness ❑ Glaucoma

Ent. ❑ Changes in voice, hoarseness ❑ Difficulty swallowing ❑ Enlarge thyroid or neck lumps ❑ pain in front of the neck

Heart/Respiratory ❑ Asthma or CORP ❑ Sleep apnea ❑ Shortness of breath on exertion ❑ USE CPAP/BIPAP ❑ Slow, fast or irregular heart beat

Gastrointestinal ❑ Nausea/vomiting ❑ Frequent heartburn, indigestion ❑ Irritable bowel ❑ Diarrhea or constipation ❑ Food intolerances

Breast: ❑ Nipple discharge ❑ Breast pain/tenderness or swelling

Blood ❑ History of blood clots ❑ Bleeding problems ❑ Easy bruising

Urological ❑ Frequent bladder or vaginal infections ❑ Frequent urination ❑ Kidney stones

Men Only ❑ Pain or lump in testicles ❑ Change in desire to have sexual intimacy (libido) ❑ Difficulties achieving or maintaining erection

Women Only ❑ Irregular periods ❑ Vaginal dryness ❑ Date of last period: ❑ Are you currently pregnant:

Musc./Bones ❑ Gout ❑ Arthritis ❑ Fractures ❑ Amputations

Neuro/Psych: ❑ Frequent severe headaches ❑ Unsteady gait ❑ Dizziness ❑ Previous head injury ❑ Loss of consciousness ❑ Memory loss ❑ Seizures ❑ Tremor ❑ Depression/anxiety/fears ❑ Paralysis ❑ Decreased sensation/feet

Endocrine ❑ Excessive sweating/night sweats ❑ Thyroid problems ❑ Pituitary problems ❑ Calcium problems ❑ Low blood sugars ❑ Heat/Cold intolerance

Skin ❑ Foot leg ulcers ❑ Skin rash ❑ Hair loss ❑ Darkening or lightening of skin ❑ Dry skin

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Endo Care of South Florida and/or Ihosvani Miguel, MD, PA services or insurance company to release any information required to process my claims.

Signature *Date*

Vitals: Temp:_____ HT:_____ Pulse_____ WT: _____ Resp_____ BP_____