



Xiaoqing Guo, M.D.

Board Certified Internal Medicine

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MEDICAL INFORMATION

Do you have any past medical conditions we should concern? For example, hypertension, diabetes, stroke, heart attack, heart failure, cancer, hepatitis, arthritis, kidney stone, anemia, etc.

Are you currently on any medications? If yes, please tell us the names and dosage of the medicine(s)

Are you allergic to any medications? Such as Penicillin, Sulfa drugs, Erythromycin, Aspirin, etc.

Do you regularly drink beer/ wine/liquor? If yes, please tell us how much you consume (daily or weekly).

Do you use any tobacco products? If yes, please tell us how much and how long you have been smoking (or chewing, snuffing).

Do you ever abuse any illicit drugs? For example, Marijuana, Cocaine, Heroin, Amphetamine, etc.

Did you undergo any operations/surgeries in the past? If yes, please tell us when and which type of surgeries you had. For example, coronary bypass surgery, hysterectomy, prostate surgery, hernia repair, etc.

Does any one in your family have a cancer history? For example, breast, colon and prostate cancers, etc.

Does any one in your family have histories of hypertension, diabetes, coronary heart disease, premature cardiac death, stroke, etc?



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MEDICAL CONDITIONS (CONT'D)

Did you ever have a colonoscopy performed by a GI doctor? If yes, when, and by whom?

Did you ever have a prostate examination or a PSA level checked in the past? If yes, when?

Did you recently have a pneumonia shot (pneumovax) or a flu shot (influenza vaccination)? If yes, when?

Did you ever have a bone density scan (DEXA scan)? If yes, when?

Please tell us the last time you had a PAP smear or mammogram

Did you ever have a comprehensive eye examination by an eye doctor?

Do you see and follow up with a specialist regularly for your medical conditions? e.g. Cardiologist, Gastroenterologist, Hematologist, etc.

Please briefly describe reasons for today's visit
