OFFICE OF PECOS T. OLURIN M.D.

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USCIS MEDICAL HISTORY FORM

Please cooperate with our efforts to better serve you by completing this form as accurately as possible.

Name _____: Date of Birth _____ Age _____

List any active medical problems for which you see a doctor on a continuous basis;

_____

_____

Date of last physical exam with your primary doctor: _____

Please indicate if you have any history of the following conditions.

	YES	NO		YES	NO
Chicken Pox	☐	☐	Positive Tb test	☐	☐

Please list all medications that you are on at this time.

_____ _____ _____

_____ _____ _____

Allergies: Please list all known and suspected allergies, especially to medicines:

_____ _____

_____ _____

Past Medical History: Please review and indicate any of the above conditions that apply to you:

	YES	NO		YES	NO
Hypertension	☐	☐	Seizures	☐	☐
Diabetes	☐	☐	HIV/AIDS	☐	☐
Stroke	☐	☐	Heart Disease	☐	☐
Thyroid Disease	☐	☐	Obesity	☐	☐
Cancer	☐	☐	Liver Disease	☐	☐
Arthritis	☐	☐	Alcoholism	☐	☐
Kidney Disease	☐	☐	Substance Use Disorder	☐	☐
Depression	☐	☐	Tuberculosis	☐	☐

Please describe any OTHER pertinent medical issues that you think are relevant

_____

_____

_____ _____

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY DATE

Reviewed by Pecos T. Olurin MD _____