INTERNAL MEDICINE & CLINICAL ANTI-AGING CENTER, LLC
FLORENDA L. FORTNER, M.D.
5535 GRAND BLVD., SUITE C, NEW PORT RICHEY, FL 34652
Phone (727) 841-0700

Health Information Questionnaire

Patient Name: _____ **DOB:** _____

List any medical problems that you have been diagnosed with:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Past Surgical History: (Include Reason, Hospital, & Year)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Hospitalizations: (Include Reason, Hospital, & Year)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Family History: (Include Age & Diagnosis) example: cancer, high blood pressure, diabetes

- Father: _____
- Mother: _____
- Siblings: _____
- Children: _____
- Grandparents: _____

Patient's signature/ POA: _____ **Date**: _____

Physician's signature: _____ **Date**: _____