



**M. Ferra Lin-Duffy, DO**

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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

Patient Name: \_\_\_\_\_

**Medical History**

Please check if you have a history of any of the following:

Congestive heart failure		Irritable bowel syndrome	
Heart attack		GERD	
Arrhythmia		Hiatal hernia	
Mitral valve prolapse		Anemia	
Hypertension		Blood clots	
Stroke		Bleeding disorder	
High cholesterol		Arthritis	
Valvular disease		Fibromyalgia	
COPD		Diabetes	
Emphysema		Thyroid Disease	
Pulmonary embolism		Osteoporosis	
Sleep apnea		Osteopenia	
Chronic bronchitis		Parkinson's disease	
Kidney disease		Seizure disorder	
Kidney failure		Migraine headaches	
Chronic UTI		Multiple sclerosis	
Gastritis		Dementia	
Chron's disease		Bipolar	
Peptic ulcer		Cancer	
Hepatitis			

**Surgical History**

Surgery	Date	Surgery	Date
1) _____	_____	4) _____	_____
2) _____	_____	5) _____	_____
3) _____	_____	6) _____	_____

Previous Blood Transfusions: Y N Did you have a reaction? Y N

If yes, what was the reaction? \_\_\_\_\_

Please list drug allergies and reactions:

- 1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_  
 2) \_\_\_\_\_ 4) \_\_\_\_\_ 6) \_\_\_\_\_

**Medications-Vitamins-Supplements**

Name:	Dose:	Name:	Dose:

**Social History**

Are you currently:      Employed      Unemployed      Retired      Disabled

Occupation: \_\_\_\_\_

Circle One:      Single      Married      Divorced      Widowed      Separated

Have you ever smoked?    Yes    No      If yes, your age when you started? \_\_\_\_\_

Average pack per day: \_\_\_\_\_      Date quit (if applicable): \_\_\_\_\_

Do you drink alcohol?    Yes    No      If yes, how much per week? \_\_\_\_\_

Use of recreational drugs: Yes    No      If yes, what type? \_\_\_\_\_

**Family History**

Please check all that apply

	Yes	Relationship
Heart disease		
High cholesterol		
High blood pressure		
Stroke		
Diabetes		
Bleeding disorders		
Blood clots		

**Family Cancer History**

Family Member	Type of Cancer	Age	Living	Deceased

**OB/GYN History**

Age of first period: \_\_\_\_\_ Date of last menstrual period: \_\_\_\_\_

Are you currently pregnant? Yes No

# of pregnancies \_\_\_\_\_ # of live births \_\_\_\_\_

Age of first pregnancy \_\_\_\_\_ Age of first live birth \_\_\_\_\_

History of breast feeding? Yes No

History of hormone replacement therapy? Yes No

History of birth control pills? Yes No

If yes, how long were you on the following:

Birth control pills \_\_\_\_\_ Hormone replacement therapy \_\_\_\_\_

Please check if you **CURRENTLY** have any of the following symptoms:

Fatigue	Vomiting	
Weight change	Heartburn	
Insomnia	Constipation	
Hot flashes	Diarrhea	
Sinusitis	Hemorrhoids	
Ringing in ears	Burning with urination	
Visual changes	Blood in urine	
Difficulty swallowing	Need to urinate at night	
Hoarseness	Incontinence	
Sore throat	Vaginal discharge	

Chest pain		Vaginal dryness	
Palpitations		Irregular periods	
Ankle swelling		Painful periods	
Cough		Heavy periods	
Shortness of breath		Muscle pain	
Wheezing		Back pain	
Abdominal Pain		Skin rash	
Nausea		Anxiety	
Depression			



COMPREHENSIVE  
CANCER CENTERS

**LIMITED ENGLISH PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES  
FOR NEVADA**

ATTENTION: If you speak any of the following languages, language assistance services, free of charge, are available to you. Call 1-877-261-6608 for more information.

<p><b>Amharic:</b> ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-877-261-6608</p>	<p><b>Arabic</b> ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن 1-877-261-6608 رقم) اتصل برقم خدمات المساعدة اللغوية تتوافر لك بالمجان: هاتف الصم والبكم 1-877-261-6608).</p>
<p><b>Chinese:</b> 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-261-6608。</p>	<p><b>French:</b> ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-261-6608.</p>
<p><b>German:</b> ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-261-6608.</p>	<p><b>Ilocano:</b> PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Awagan ti 1-877-261-6608.</p>
<p><b>Japanese:</b> 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-877-261-6608 まで、お電話にてご連絡ください。</p>	<p><b>Korean:</b> 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-261-6608</p>
<p><b>Russian:</b> ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-261-6608.</p>	<p><b>Samoan:</b> MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auunaga fesoasoan, e fai fua e leai se totoi, mo oe, Telefoni mai: 1-877-261-6608.</p>
<p><b>Spanish:</b> ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-261-6608.</p>	<p><b>Tagalog:</b> PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-261-6608.</p>
<p><b>Thai:</b> เรียน ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-261-6608</p>	<p><b>Urdu:</b> ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-261-6608</p>
<p><b>Vietnamese:</b> CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-261-6608.</p>	