SANJIV GOEL, M.D. INC.

2100 Lynn Road, Suite 205 • Thousand Oaks, CA 91360
Phone (805) 497-3585 Fax (805) 497-1313

MEDICAL QUESTIONNAIRE

Patient Name:

Referred By:

Date Completed:

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

MEDICAL HISTORY:

Have you ever been told that you have had any of the following illnesses?

	YES	NO	IF YES, DESCRIBE?
HEART DISEASE	○	○	
HYPERTENSION	○	○	
STROKE	○	○	
HIGH CHOLESTEROL	○	○	
HIGH TRIGLYCERIDES	○	○	
HIGH BLOOD SUGAR	○	○	
CANCER	○	○	
KIDNEY FAILURE	○	○	
VASCULAR DISEASE	○	○	
ANY SURGERIES	○	○	
ANY OTHER ILLNESSES	○	○	

Please print this page before proceeding to the next section.

PAGE 1 OF 3

Please print this form and bring it with you to your appointment by clicking the Print button. Print