

NASSBERG DIABETES ASSOCIATES, P.A.

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DIABETES – ENDOCRINOLOGY

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MEDICAL HISTORY

Last Colonoscopy: _____ Last Mammogram: _____

Cancer: Prostate Thyroid Breast/Ovarian Other: _____

Please specify

Thyroid: Hyperthyroidism Hypothyroidism Grave's Addison's

Diabetes: Type 1 Type 2 Insulin use? Yes No, Type: _____

Other: Osteoporosis Emphysema Blood Transfusions Depression Other: _____

CURRENT MEDICATIONS

Please list your active prescription medications, its prescribed dosage and when you began taking the medication(s).

NAME OF MEDICATION	STRENGTH	HOW OFTEN	DATE BEGAN TAKING
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list over the counter preparations the you are currently taking (include vitamins, herbals, etc.)

NAME OF OTC	STRENGTH	HOW OFTEN	DATE BEGAN TAKING
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGIES TO MEDICATIONS: YES NO; SPECIFY: _____