## ROLANDO A. ATIGA, M.D. APC ATIGA FAMILY PRACTICE www.atigafamilypractice.com

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MEDICAL HISTORY FORM FOR DR. FEENEY
Allergies to medication:
Hospitalizations:
Surgeries:
Significant family history:
Medications: Name, Strength, how often you take it:
Did you get your Flu vaccine? If not do you want it?
Did you get your Pneumonia vaccine? If not do you want it?
When was your last Mammogram and the results:
When was your last colonoscopy and the results:
When was your last PAP smear and the results:
When was your last DEXA scan and the results?
When was your last eye exam and what were the results?