

ENGLEWOOD FAMILY HEALTH CENTER



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ADULT HEALTH HISTORY

Are you currently or have you ever been treated for:

Medical conditions current or past	yes	No
Asthma		
Corona Virus (Sar Cov2)		
When was the last test done		
We are offering the COVID test 3 days before your visit here. Would you like to come ??		
Bleeding disorders		
Blood Pressure		
COPD-		
Diabetes		
Ear/sinus		
Fainting		
Gastro-Intestinal Problems (stomach problems)		
Heart Disease		
Kidney Disease		
Liver Disease		
Menstrual problems		
Muscular or skeletal problems		
Thyroid disease		
Sleep Disorders		
Psychological Problems Depression Schizophrenia Bipolar Disorder		
Neurological Problems or Seizures Migraines		
Learning Disorders Any disability		
Stroke		

Surgeries Information	Year of surgery	
Other surgeries		
Other medical conditions or disorders		

List all medications you are currently taking, include over the counter drugs and herbal supplements.

Medication	Dosage	Reason

Allergies: _____

Pharmacy information (name, address, phone number)

Smoker _____

Vaping _____

Drugs _____

Alcohol _____ How much per day _____ How many a week _____ Social drinker _____

Please provide your previous primary care doctor (PCP) name and phone number so we can request your medical record.

List any specialist doctors you currently see so that we can obtain medical records.
