



**DR. MARIA R. SANGILLO**  
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**1. PATIENT INFORMATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: Male / Female SOCIAL SECURITY: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ CELL PROVIDER: \_\_\_\_\_ EMAIL: \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER NAME AND ADDRESS: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ NUMBER: \_\_\_\_\_ RELATION TO YOU: \_\_\_\_\_

**2. PATIENT HEALTH HISTORY**

PLEASE CHECK ANY OF THE FOLLOWING CONDITIONS YOU HAVE OR HAVE HAD IN THE PAST:

AIDS/HIV	COPD	HERPES	PNEUMONIA
ALCOHOLISM	DIABETES	HIGH CHOLESTEROL	POLIO
ANEMIA	EMPHYSEMA	INSOMNIA	PROSTATE PROBLEMS
ANOREXIA	EPILEPSY	KIDNEY DISEASE	PROTHESIS
APPENDICITIS	FRACTURES	LIVER DISEASE	PSYCHIATRIC CARE
ARTHRITIS	GLAUCOMA	MEASLES	RHEUMATOID ARTHRITIS
ASTHMA	GOITER	MIGRAINES	RHEUMATIC FEVER
BLEEDING DISORDER	GONORRHEA	MONONUCLEOSIS	FATIGUE
BRONCHITIS	GOUT	MULTIPLE SCLEROSIS	FIBROMYALGIA
BULIMIA	HEADACHES	MUMPS	
CANCER	HEART DISEASE	OSTEOPOROSIS	
CATARACTS	HEPATITIS	PACEMAKER	
CHEMICAL DEPENDANCY	HERNIA	PARKINSON'S DISEASE	
CHICKEN POX	HERNIATED DISK	PINCHED NERVE	

PLEASE INDICATE IF HAVE YOU SUFFERED WITH ANY PROBLEMS IN THE FOLLOWING AREAS:

<b>GENERAL WELLBEING</b> LOSS OF SLEEP WEIGHT GAIN/LOSS FEVER	<b>MOUTH/THROAT</b> SORES ENLARGED GLANDS BLEEDING
<b>SKIN</b> RASH ECZEMA BRUISING	<b>EARS</b> DISCHARGE PAIN RINGING
<b>NEUROLOGIC</b> DIZZINESS NERVOUSNESS CONVULSIONS	<b>PSYCHOLOGIC</b> ANXIETY DEPRESSION MOOD SWINGS
<b>EYES</b> PAIN DISCHARGE VISION DIFFICULTIES NORMAL	<b>NOSE</b> INFECTIONS BLEEDING SINUS PROBLEMS PAIN
<b>HEART/LUNGS</b> COUGH MURMUR VARICOSITIES CHEST PAIN	<b>GENITOURINARY</b> PROSTATE PROBLEMS PAINFUL MENSTRATION IRREGULARITY NIGHT SWEATS
<b>STOMACH/DIGESTION</b> DIARRHEA EXCESS GAS HEMORRHOIDS	<b>ENDOCRINE/METABOLISM</b> GOITOR TREMOR INFECTION





