



DR. MARIA R. SANGILLO
 2110 CREIGHTON RD.
 PENSACOLA, FL 32504
 (850)473-8080
 FAX (850)473-8816

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:

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

