

# MIAMI VALLEY HEART & LUNG SURGEONS, LLC.

30 EAST APPLE STREET # 6252

DAYTON OHIO 45409

(937) 208-6060

FAX (937) 208-6061

## PATIENT

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

### MEDICAL HISTORY – Past or Present (circle all that apply)

AIDS	Diverticulosis	Kidney Disease	Tuberculosis
Anemia	Emphysema	Measles	Ulcers
Arthritis	Epilepsy	Mumps	Vascular Disease
Asthma	Gallbladder	Parkinson's Disease	Other: _____
Blocked Neck Arteries	Heart Disease	Pneumonia	_____
Bronchitis	Hernia	Prostate	_____
Cancer	High Blood Pressure	Rheumatic Fever	_____
Chickenpox	High Cholesterol	Scarlet Fever	_____
Circulation Problems	Hepatitis	Sinus	_____
Diabetes	Intestine Problem	Thyroid Disease	_____

### SOCIAL HISTORY

(please circle Yes or No)

When?

Smoke Yes No How Much \_\_\_\_\_ Quit \_\_\_\_\_  
Alcohol Yes No How Much \_\_\_\_\_ Quit \_\_\_\_\_  
Caffeine Yes No How Much \_\_\_\_\_  
Exercise Yes No How Much \_\_\_\_\_  
Substance Abuse Yes No Quit \_\_\_\_\_

### PRIOR SURGICAL HISTORY

Please list all surgeries below

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

### DRUG & FOOD ALLERGIES

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

### OTHER PHYSICIANS (Please list all physicians you have seen in the past year)

Name

Address/City

Phone Number

1. Cardiologist \_\_\_\_\_  
2. Family Physician \_\_\_\_\_  
3. Other \_\_\_\_\_  
4. Other \_\_\_\_\_

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## **CURRENT MEDICATIONS: (list all current medications being taken)**

<b>Name of Medication</b>	<b>Dose</b>	<b>Frequency</b>	<b>Prescribing Physician</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____