

Todays Date:_

Primary Physician:

1313 E. Herndon Fresno, CA 93720

726 N Medical Center Dr. E, Suite 125 Clovis, CA 93611 • Robert Chambers, M.D., F.A.C.C.

- Rimvydas Plenys, M.D.
- Dale Merrill, M.D., F.A.C.C., F.S.C.A.I.
- John Telles, M.D., F.A.C.C., F.H.R.S.
- Dalpinder Sandhu, M.D., F.A.C.C.
- Alfred Valles, M.D., F.A.C.C., F.S.C.A.I.
- Jagroop Basraon, D.O.
- Jaswant Basraon D.O., M.P.H., F.A.C.C.
- Shaukat Ali M.D., F.A.C.C.
- Shradha Rathi, M.D., F.A.C.C.
- Usman Javed, M.D., F.A.C.C., R.P.V.I
- Vamshi Gade, M.D., F.A.C.C., F.S.C.A.I, R.P.V.I

			_ Date of Birth:	Place of Birth:							
tY:											
Yes	No	Date:	Date:								
Yes	No	Date:	Date:								
Yes	No	Date:	Date:								
High S	chool	College	College Graduate School								
Current Employer or Position:											
ate Retired: Previous Em		Previous Empl	s Employee or Position:								
Yes	No	Date:	Date:								
Yes	No	Date Stop	Date Stopped:					Date Stopped:			
Yes	No	Dates of S	ervice:								
Religious Faith:											
PAST HOSPITALIZATIONS AND SURGERIES:											
Surgery or Illness: Physician:											
	Yes Yes Yes High So Or Position Yes Yes Yes Yes	Yes No Yes No Yes No High School Or Position: Yes No Yes No Yes No Yes No	Yes No Date: Yes No Date: Yes No Date: High School College Or Position: Previous Empl Yes No Date: Yes No Date: Yes No Dates Stop Yes No Dates of S	Yes No Date: Yes No Date: Yes No Date: High School College Graduate School or Position: Previous Employee or Position: Yes No Date: Yes No Date: Yes No Date Stopped: Yes No Dates of Service:	Yes No Date: Yes No Date: Yes No Date: High School College Graduate School Previous Employee or Position: Yes No Date: Yes No Date: Yes No Dates Yes No Date Stopped: Yes No Dates of Service:						

ALLERGIES:											
List All Medicine Allergies:											
Allergic to X-Ray Dye: Ye	es l	No	No I	Prior Experienc	ce						
Reaction:		1									
MEDICATIONS:											
Medicatio	n:			Dos	e:		Times Per Day:				
*If space is insufficient to I	list all me	dication	ıs, plea	ase attach or br	ing a list o	of all c	urrent medication	s with you	on your	next vis	sit
FAMILY HISTORY:											
Diabetes:	Yes	No		Family Membe	er:						
Heart Failure:	Yes	No		Family Membe							
Coronary Artery Disease:	Yes	No		Family Membe				Alive?	Yes	No	
Stroke:	Yes	No		Family Membe							
Atrial Fibrillation:	Yes	No		Family Membe							
High Cholesterol:	Yes	No		Family Membe							
Thrombophlebitis:	Yes	No		Family Membe							
Blood Clots:	Yes	No		Family Membe							

FAMILY HI	STORY (co	ontinued):			
Father:	Living	Age	Health:		
	Deceased	Age	Cause of Death:		
Mother:	Living	Age	Health:		
	Deceased	Age	Cause of Death:		
Sisters:	#	Health:			
Brothers:	#	Health:			
Sons:	#	Health:			
Daughters:	#	Health:			

Personal Health History:	
High Blood Pressure:	Blood Transfusion:
High Cholesterol:	Hepatitis:
Diabetes:	Prostate Problem:
Stroke/TIA:	Arthritis:
Heart Rhythm Abnormality:	Gout:
Heart Attack:	Thyroid Disease:
Heart Murmur:	Cancer:
Enlarged Heart:	Rheumatic Fever:
Seizures:	Blood Clots in Legs or Lungs:
Asthma/COPD/Lung Disease:	SYMPTOMS:
Kidney Disease:	Chest Pain:
Bladder Disease:	TIA'S:
Menstruating:	Shortness of Breath:
Ulcers:	Cough, Swelling or Edema:
Diverticulitis:	Pain in Legs During Walking:
Anemia:	Fainting:
Bleeding Problems:	Palpitations:
Blood Transfusion:	Anxiety:

^{*}If space is insufficient to list all history and symptoms, please attach or bring a list with you on your next visit