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Todays Date:		Kumar Sanam, M.D., F.A.C.C, F.S.C.A.I.						
Patient Name:				_ Date of Birth:	Place of Birth:			
PERSONAL HISTOR	RY:							
Married:	Yes	No	Date:	Date:				
Divorced:	Yes	No	Date:	Date:				
Widowed:	Yes	No	Date:	Date:				
Education:	High S	School	College	College Graduate School				
Current Employer of	r Positio	n:						
Date Retired:	Previous E			Employee or Position:				
Alcohol Use:	Yes	No	Date:					
Currently Smoking	Yes	No	Date Stop	Date Stopped:				
Military Service:	Yes	No	Dates of S	Dates of Service:				
Religious Faith:								
PAST HOSPITALI	ZATION	S AND	SURGERIES:					
Date:	Surgery or Illness: Physician:							

ALLERGIES:												
List All Medicine Allergies:												
Allergic to X-Ray Dye: Yes No No Prior E				Prior Experier	nce							
Reaction:												
MEDICATIONS:												
Medication: Dose: Times Per Day:												
*If space is insufficient to I	ist all me	dication	ns, plea	ase attach or b	ring a list	of all c	urrent medic	ations w	ith you o	n your	next visit	
FAMILY HISTORY:												
Diabetes:	Yes	No		Family Memb	er:							
Heart Failure:	Yes	No		Family Memb								
Coronary Artery Disease:	Yes	No		Family Memb					Alive?	Yes	No	
Stroke:	Yes	No		Family Memb	er:							
Atrial Fibrillation:	Yes	No		Family Memb	er:							
High Cholesterol:	Yes	No		Family Memb	er:							
Thrombophlebitis:	Yes	No		Family Memb								
Blood Clots:	Yes	No		Family Memb								

FAMILY HISTORY (continued):					
Father:	Living		Age		Health:
	Deceased		Age		Cause of Death:
Mother:	Living		Age Health		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