

# Barone & Catania

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Pharmacy/Town: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medication/Vitamin Name	Dosage	Directions

Allergies: \_\_\_\_\_

### Check Which Applies To You:

Hypertensive

COPD

High Cholesterol

Congestive Heart Failure

Family History

Diabetes

### Surgical History:

Have you had any of the following procedures?

NO

YES

If yes, please supply dates.

Stent			
Bypass			
CABG			
A-Fib			
Valve Repair / Replace			
Pacemaker (company name)			

Is there any other information you would like the Doctor to know about you?

### Family History:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

### Social History: *circle one*

smoker

former smoker

never smoked