MICHAEL SETZEN, MD, FACS, FAAP

600 Northern Blvd., Suite 113, Great Neck, NY 11021 • 516.829.0045 • fax: 516.829.0441 • www.michaelsetzen.com

MEDICAL INFORMATION SHEET

PLEASE PRINT CLEARLY

Date: ______________

Patient Name: ______________ DOB: ______________ Age: ______________

Address: ______________

Height: ______________ Weight: ______________ Gender: ______________ BP: ______________ Pulse: ______________

Main Complaint: ______________

History of Main Complaint-Describe: ______________

ALL MEDICATIONS You Are Taking: ______________

☐ NONE

Medical History:		Yes	No
Heart:	High Blood Pressure	☐	☐
	Arrhythmia	☐	☐
	Heart Attack	☐	☐
	Angina	☐	☐
Respiratory:	Asthma	☐	☐
	Shortness of Breath	☐	☐
	Sleep Apnea	☐	☐
Neurology:	Headaches	☐	☐
	Migraines	☐	☐
Endocrine:	Thyroid Problems Hyper	☐	☐
	Hypo	☐	☐
	Diabetes	☐	☐
Eyes:	Decreased Vision	☐	☐
	What: ______________	☐	☐
Kidney:	What: ______________	☐	☐
GI Disease:	Reflux	☐	☐
	Swallowing Problems	☐	☐
	Weight Loss	☐	☐
Cancer History:			
	What: ______________	☐	☐
	When: ______________		
	Treatment: ______________		
Skin Disease:			
	What: ______________		
Infectious Disease:	Hepatitis	☐	☐
Musculoskeletal:	Arthritis	☐	☐
Hematologic:	Bleeding Disorder	☐	☐
Surgical History:	Type of Operation		

____

Social History:	Yes	No
Do you smoke?	☐	☐
#/Packs a day ________		
Did you quit? When________	☐	☐
Do you drink Alcohol?	☐	☐
# of drinks a day ________		
Did you quit? When________	☐	☐
Are you pregnant?	☐	☐

Family Medical History/Relationship:	Yes	No
Cancer	☐	☐
High Blood Pressure	☐	☐
Heart Problems	☐	☐
Bleeding Problem	☐	☐
Diabetes	☐	☐
Seizures/Epilepsy	☐	☐
Asthma	☐	☐

Seasonal Allergies		Reaction
Pollens	☐	______________
Grasses	☐	______________
Trees	☐	______________
Cats or Dogs	☐	______________
Dust	☐	______________
Allergy to Medications	☐	______________

What Drugs: ______________

Latex Allergy ☐

Food Allergy ☐ ______________

Patient/Guardian Signature: ______________ Date: ______________