

**D. B. DIMARCO, M.D., P.C, F.A.C.C., F.C.C.P.**  
**CARDIOVASCULAR AND THORACIC SURGERY**  
**BOARD CERTIFIED**

**NAME OF PATIENT** \_\_\_\_\_

**PAST MEDICAL HISTORY (CIRCLE Yes or No IF KNOWN PROBLEM)**

Y / N HYPERTENSION	Y / N LIVER DISEASE	Y / N PSYCHIATRIC ILLNESS
Y / N DIABETES	Y / N THYROID DISEASE	Y / N CANCER _____
Y / N ASTHMA	Y / N BLOOD DISEASE	Y / N <b>CARDIAC</b> - (Include Heart Attack, Cardiac Catherization, Stress test, Echo, Muga or Treatments)
Y / N TB	Y / N STROKE	

**OTHER:** \_\_\_\_\_

**CHILDHOOD ILLNESS (CIRCLE Yes or No IF KNOWN PROBLEM)**

Y / N RUBELLA	Y / N RHEUMATIC FEVER	<b>LIST COMPLICATIONS</b> _____
Y / N RUBEOLA	Y / N MUMPS	_____
Y / N CHICKEN POX	Y / N MEASLES	_____

**FAMILY MEDICAL HISTORY (CIRCLE Yes or No IF KNOWN PROBLEM)**

Y / N HYPERTENSION	Y / N THYROID DISEASE	Y / N RESPIRATORY DISEASE
Y / N DIABETES	Y / N KIDNEY DISEASE	Y / N PSYCHIATRIC ILLNESS
Y / N STROKE	Y / N TB	Y / N CARDIAC DISEASE

**OTHER:** \_\_\_\_\_

**PAST SURGICAL HISTORY:** \_\_\_\_\_

**LIST ALL CURRENT MEDICATIONS INCLUDE DOSE AND FREQUENCY (CONTINUE ON BACK OF SHEET IF NECESSARY)**

<u>MEDICATION</u>	<u>DOSE</u>	<u>FREQUENCY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**LIST ALL OVER THE COUNTER MEDICATIONS: HERBAL AND/OR VITAMIN SUPPLEMENTS THAT YOU HAVE USED** \_\_\_\_\_

**PLEASE LIST IF YOU TAKE:**

COUMADIN	PLAVIX	PLETAL	ASPIRIN	HEPARIN
Y / N	Y / N	Y / N	Y / N	Y / N

**ALLERGIES** \_\_\_\_\_ **(INCLUDE) TAPE, MEDICATIONS, LATEX**

**SOCIAL HISTORY:**

**SMOKE** \_\_\_\_\_ **PPD** \_\_\_\_\_ **YRS** **DRINK** \_\_\_\_\_  
**QUIT** \_\_\_\_\_ **YRS** \_\_\_\_\_

**REVIEW OF SYSTEMS** \_\_\_\_\_

**REVIEWED BY** \_\_\_\_\_