



NOTE: This form can be filled out from your screen. Just click in the open space beside each query and type in the requested info.

You can click "Highlight Fields" in the top right corner of your PDF Reader to view all the fillable areas. Click the 'email' and/or 'print' button(s) below when finished.

Welcome to our office! Please fill in the pertinent blanks on this form. Accurate answers to these questions will allow us and your insurance company to better serve you. If you have any difficulty completing this form, please feel free to ask the receptionist to assist you. If you would like us to file you insurance benefits, please present any insurance forms that you might have to the receptionist, signed, with sections for the patient and employee information completely filled out.

MEDICAL HISTORY SHEET		
Name:	Date of Birth:	Referring physician:
Reason for Bay Area Heart Cardiology Visit:		
Allergies:		
Please list current medications and doses:		
NAME OF DRUG	DOSE	
SMOKING HISTORY		
Do you smoke or use tobacco products?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes how many packers per day? For how many years?
Do you exercise regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	What type of exercise?
Alcohol History:	How much coffee (caffeine) do you drink per day?	