Dr. Abas A. Amiry, M.D., FACC, FSCAI

Amiry Cardiology Consultant MDSC

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Phone 224-848-4353
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Date___________

Name_____________________

Date of birth________________ Age___________ Sex___________

Telephone #________________ Cell#_______________________

Referring Physician________________________

Reason for visit____

____

____

Do you have any other medical problems and complaints that bother you? Please list.____

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Please list all prescription medication including dosage and times per day

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Please list all vitamins and herbal supplements

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Please list all of your past medical history

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Please list all of your past surgical history ,including the dates

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Do you have family history? (Please circle)

CAD____

Diabetes Mellitus____

Sudden Death____

Bleeding Problems____

Hypertension ____

HyperCholestrolemia____

List of allergies____

____

____

Are you allergic to iodine, contrast dye or shellfish? YES________NO__________

Are you smoking or have you ever smoked? Yes_____________No__________

If yes, how many packs per day, how many years?__________________________

Approximate quit date(if applicable)_____________________________________

Do you drink alcohol? Yes______ No___________

If yes, how much and how often____

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