

Health Information Questionnaire
Dordaneh Maleki, MD LLC
2106 New Rd, Unit E-2, Linwood NJ, 08221

Name: _____ Date: _____

❖ List all **Medical Conditions** that you currently have or have had in the past:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

❖ List all **Surgeries and Procedures** that you have had:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

❖ What **Medications** are you currently taking?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

❖ Are you allergic to any medications, shellfish, or iodine?

❖ Do you smoke cigarettes, cigars, or pipes? Did you smoke in the past? How much and for how long? _____

❖ Do you drink alcohol? Did you drink in the past? How much and for how long?

❖ Is there any history of cancer in your family?

- What kind? How are you related to this person?

❖ Is there any medical condition that runs in your family?

- What kind? How are you related to this person?

Did you receive a copy of the privacy act? YES _____ NO _____

SIGNATURE _____ DATE _____