Shahid Aziz, D.O. Tami Case, PA

909 9th Ave Suite 202 Fort Worth, Tx 76104
Phone 817-885-7888 Fax 817-885-7811

Patient Name: ____ DOB: ____________________

Allergies: ____

PLEASE MARK IF YOU HAVE EVER BEEN DIAGNOSED WITH THE FOLLOWING:

__ Hepatits A, B, C __ Pancreatitis __ Cirrhosis __ Jaundice __ Kidney Disease __ Kidney Stones __ High Blood Pressure

__ Heart Attack __ Heart Murmur __ Congestive Heart Failure __ Diabetes __ Emphysema __ Asthma __ Bronchitis __ COPD

__ Pneumonia __ Sleep Apnea __ Stroke __ Paralysis __ Blood in Urine __ Thyroid Disease __ Anemia __ Leukemia

__ Bleeding / Clotting Disorder __ Anxiety __ Depression __ Suicide Attempt __ Cancer (type) ______________________

PLEASE LIST OTHER CHRONIC CONDITIONS:

____
____
____

Have you ever had a reaction to anesthesia? Y N

If so, what was the reaction: ____

DO YOU CURRENTLY TAKE A BLOOD THINNER (INCLUDING ASPIRIN)? Y N

If yes, name of medication: ________________________ who monitors it? ________________________

PROCEDURES: PLEASE LIST DATE, ORDERING PHYSICIAN AND/OR HOSPITAL

Colonoscopy: date __________________ **Physician:** ____________________ **Hospital:** ____________

EGD: date __________________ **Physician:** ____________________ **Hospital:** ____________

Liver Biopsy: date __________________ **Physician:** ____________________ **Hospital:** ____________

SURGERIES: PLEASE LIST ALL SURGERIES, NAME OF SURGEON, HOSPITAL

____
____
____
____
____
____
____
____