

Dr. C.A. Tsiatis

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HEALTH HISTORY

Yes

No

Do you have or have you had:

Allergies to any medications?

Heart problems or heart disease?

Heart murmur?

Mitral valve prolapse?

History of rheumatic fever?

Asthma?

Diabetes?

Stroke?

Artificial Joints?

Are you currently taking Coumadin?

Are you currently taking any other medications?

If taking medications, please list here: _____
