

**MICHELLE ZETOONY, D.O., F.C.C.P., F.A.C.O.I.**

**PATIENT MEDICAL HISTORY**

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Date: \_\_\_/\_\_\_/\_\_\_

Patient Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Past Medical History (Please answer all questions to the best of your ability):

Do you now or have you ever had:

	Yes	No		Yes	No
Tuberculosis (TB)			Thyroid disease		
Cancer			Stomach disease (includes ulcers acid reflux)		
High blood pressure			Intestinal disease		
Diabetes (blood sugar high or low)			Liver disease		
Heart Attack			Seizures		
Kidney Disease			Urinary issues		
Lung Disease			Other:		

Please explain all "Yes" answers:

\_\_\_\_\_  
\_\_\_\_\_

Habits:

Do you now or have you ever used:

- Tobacco (cigarettes, chew, pipes, etc.) Y N  
If yes, how long ? \_\_\_\_\_years Quit Y N
- Alcohol (beer, liquor, wine, etc.) Y N  
If yes, how long ? \_\_\_\_\_years Quit Y N
- Caffeinated beverages (soda, coffee, tea, energy, etc.) Y N  
How many per day \_\_\_\_\_
- Illicit drugs (injected, inhaled, other, etc.)  
If yes, how long? \_\_\_\_\_years Quit Y N

Medications: Please list all medications you are currently taking including over the counter.

- Please bring package/bottles to your appt.

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Medication Allergies and reaction:

Food or environmental allergies:

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Prior surgeries and dates:

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Are you affiliated with a durable medical company (DME)? \_\_\_\_\_ Contact phone \_\_\_\_\_

\*\* IF YOU ARE CURRENTLY USING A CPAP/BIPAP machine, bring your COMPLIANCE DOWNLOAD CARD or your MACHINE to your appt.

Are you in good health now? Yes No EXPLAIN \_\_\_\_\_

Additional information or questions you have for doctor?