

**FRANK L. LANZA, M.D., P.A.**

Date \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Referred By: \_\_\_\_\_  
(Please include physician's first name)

Allergies (to medications): \_\_\_\_\_

**FAMILY HISTORY**    Father    Mother    Brother    Sister

Hypertension	_____	_____	_____	_____
Heart Disease	_____	_____	_____	_____
Diabetes	_____	_____	_____	_____
Cancer	_____	_____	_____	_____
(What kind)	_____	_____	_____	_____
Gallbladder	_____	_____	_____	_____
Ulcers	_____	_____	_____	_____
(Where)	_____	_____	_____	_____
Colon Disease	_____	_____	_____	_____
Kidney Disease	_____	_____	_____	_____
Living	_____	_____	_____	_____
If Not Living:				
Age of Death	_____	_____	_____	_____
Cause of				
Death	_____	_____	_____	_____

**PAST SURGERIES:**  
(List w/approximate dates)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

**CURRENT MEDICATIONS:**

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

**PATIENT HISTORY**

DATE OF BIRTH: \_\_\_\_\_

MARITAL STATUS: M S W D    WEIGHT: \_\_\_\_\_  
(Circle One)

DO YOU HAVE (Please check):

OTHER SERIOUS ILLNESSES AND/OR INJURIES:  
(Specify illness/injury and list approximate date of occurrence)

Hypertension	_____
Heart Disease	_____
Diabetes	_____
Cancer	_____
Colon Disease	_____
Kidney Disease	_____
Hepatitis	_____

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

**HOW OFTEN DO YOU TAKE**

**FEMALES ONLY**

Aspirin: \_\_\_\_\_  
Bufferin: \_\_\_\_\_  
Alka Seltzer: \_\_\_\_\_

Number of Pregnancies: \_\_\_\_\_ Miscarriages: \_\_\_\_\_  
Do you take birth control pills? \_\_\_\_ How long? \_\_\_\_\_

DO YOU SMOKE? \_\_\_\_\_ IF YES, HOW MANY PACKS PER DAY? \_\_\_\_\_

DO YOU DRINK? \_\_\_\_\_ IF YES, APPROXIMATELY HOW MUCH? \_\_\_\_\_

BRIEFLY DESCRIBE YOUR SYMPTOMS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_