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Meeta Singh MD PC

NEW PATIENT MEDICAL HISTORY FORM

Name:_____ **Date of Birth**:_____

Address:_____ **City**:_____ **State**:_____ **Zip**:_____

Home Phone:_____ **Cell**:_____ **Work**:_____

In Case of Emergency, Contact (Name):_____ **Phone#**_____

IMMUNIZATIONS:_____

SIGNATURE ON FILE_____ **DATE:**_____

PAST MEDICAL HISTORY

High Blood Pressure:_____
Cancer:_____
Heart Disease:_____
Childhood Disease:_____
Drug Allergies:_____
_____

Diabetes (Sugar):_____
Kidney Disease:_____
Liver Disease:_____
Operations:_____
Other:_____
_____

PRESENT MEDICATIONS	DIAGNOSIS