



Elena Sanders, MD, P.C.

400 Seaview Ave

Staten Island, NY 10305

Phone 718-980-0055

Fax 718-980-0058

Patient Name: _____ **Date:** _____

Please complete the following information:

1. Please circle any medical conditions you have ever been diagnosed with:

High Blood pressure	Gastritis/Stomach ulcers	Tuberculosis	Lupus
Heart Problems	Cancer (specify)	Glaucoma	Fibromyalgia
Diabetes	Kidney stones or other kidney problems	Sexually Transmitted Diseases	Psoriasis
COPD/emphysema	Thyroid problems	Seizures	Osteoporosis
Blood clots	Liver problems/hepatitis	Arthritis	Gout

2. Please list any other medical conditions that you have ever been diagnosed with:

3. Please list any surgeries you have ever had, include year:

4. Please list all medications you are currently taking, including over the counter medications, supplements, vitamins:

5. Please list all allergies to medications, food, latex, IV contrast dye, eggs, and other: