NORTH ATLANTA CARDIOLOGY PC

2870 Ronald Reagan Blvd
Suite 200
Cumming, GA 30041

MICKY MISHRA, MD FACC

Phone: 404-994-4561
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PATIENT MEDICAL HISTORY

Patient Name:_______________________________ **DOB:**__________ **DATE**__________

Drug Allergies:____

History of Heart Problems	Yes	No	When
Heart Attack	______	______	____________
Heart Murmur	______	______	____________
Rheumatic Fever	______	______	____________
Irregular Heart Rhythm	______	______	____________

Other Heart Problems:____

____

Other Medical Problems	Yes	No	When
Diabetes Mellitus	______	______	____________
High Blood Pressure	______	______	____________
High Cholesterol	______	______	____________
Stroke	______	______	____________
Stomach Ulcers	______	______	____________
Hiatal Hernia	______	______	____________
Thyroid Problems	______	______	____________
Asthma/Emphysema	______	______	____________
Cancer	______	______	____________

Other Medical Problems:____

____

Family History (check all that apply)	Yes	Family Member	No
Heart Attack	______	__________________	______
Stroke	______	__________________	______
High Blood Pressure	______	__________________	______

Social History

Have you ever smoked?______Do you still smoke?______How much per day?_______________

Do you drink alcohol?_______Do you still drink?_______How much?______________________

Do you drink caffeinated beverages?____

Do you exercise?______How often?____

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Medication List

Name	MG	Times taken daily
________________	__________	________________
________________	__________	________________
________________	__________	________________
________________	__________	________________
________________	__________	________________
________________	__________	________________
________________	__________	________________
________________	__________	________________
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