Zaidi Heart Clinic
Dr. Syed Zaidi
702-936-5254
800-249-1023
support@zaidiheartclinic.com
www.zaidiheartclinic.com
7170 Smoke Ranch RD STE 110
Las Vegas, NV 89128

Schedule online at your convenience on our website: www.zaidiheartclinic.com

NEW PATIENT INTAKE FORM

Patient Name:_____**DOB:**_____

Email Address:_____

Preferred Pharmacy (include address or phone number):

_____

Primary Care Physician (first name, last name, and phone number):

_____

Who Referred You (or how did you find Dr. Zaidi's Office):

_____

Reason For Your Visit:_____

Current Symptoms (if any):_____

★ Medical Information:

Height:_____ **Weight:**_____

Medical History/Current Diagnosis:

_____

_____

Allergies:

_____

Current Medications (*Please include dosage and frequency*):

_____

_____

_____

Hospitalizations:

_____

_____

Surgical History (Please include approximate year):

_____

_____

★ Family History

Please list medical conditions in your immediate family:

_____

_____

_____

_____

★ Social History

Tobacco Use (please include frequency):_____

Alcohol Use (how often and how much):_____

Caffeine Intake (how many cups per day):_____

Exercise (days per week, time per session):_____

★ Additional Information:

Other Health Concerns, Symptoms, or Information You Would Like Your Provider to Know:

_____

_____

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