



# Miami Surgery

Miami Surgery LLC  
20200 W Dixie HWY  
Aventura FL 33180

## MEDICAL INFORMATION

Primary Care Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Regular Medications \_\_\_\_\_

Allergies \_\_\_\_\_

History of Surgeries \_\_\_\_\_

Pharmacy \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## PERSONAL MEDICAL HISTORY:

High Blood Pressure \_\_\_\_\_ Bleeding Or Clotting Problems \_\_\_\_\_

Heart Trouble or Murmur \_\_\_\_\_ Alcohol or Drugs Dependency \_\_\_\_\_

Asthma or lung Ailments \_\_\_\_\_ Diabetes \_\_\_\_\_

Epilepsy \_\_\_\_\_ Blindness or Glaucoma \_\_\_\_\_

Hepatitis \_\_\_\_\_ Psychological Concerns \_\_\_\_\_

Sexually Transmitted Disease \_\_\_\_\_ Date of Last Physical \_\_\_\_\_

Date of Last Breast Exam \_\_\_\_\_ Do You Smoke \_\_\_\_\_ How Much \_\_\_\_\_