Hackensack Sleep & Pulmonary Center
170 Prospect Avenue, Suite 20, Hackensack, NJ 07601
Dr. Fariborz Ashtyani and Dr. Deborah (Hutter) Goss
201-996-0232

HEALTH HISTORY

Today's Date/Fecha

What is the reason for your visit today?/Razón por su vista?

<u>Primary Physician and/or Referring physician name, address and phone number</u>
(Please list the physicians that are involved in your care, so we can inform them of our reports and findings) Por favor Nombré, direción y teléfono d su doctor.

Please list all the medications that you are taking/Por favor indicar Lista de Medicinas.

Allergies (to medications or substances) please list/Alergias (medicamento o sustancias).

<u>Health History/Informacion Medica</u>

Heart Disease/Enfermedad del Corazón
Emphysema/Emphysema
Kidney Disease/Enfermedad de los riñones
Cancer/Cáncer
Diabetes/Diabetes
COPD/Enfermedad Pulmonar Obstructiva crónica

Asthma/ Asma
Stroke/derramè cerebral
Hypertension/Hipertensión
Sleep Apnea/Apena del Sueño
Snoring/Ronquidos

If you are receiving medical equipment from a vendor, please give us the name and phone# of the company and a list of equipment they are supplying you with. <u>This will help us reorder equipment for you in the future.</u>/ <u>Si usted tiene eauipo medico por favor indique el nombre de la compaiiia gue le provea el eguipo. Esto nos de gue usted necesite ordenar algo.</u>

Pharmacy Name/Farmacia

Phone Number/Numero de teléfono

Would you like your prescriptions sent electronically? Yes No