



Monroe Surgical Hospital

2408 Broadmoor Blvd. • Monroe, LA 71201 • 318-812-9502 • Fax 318-410-1960

NEW PATIENT INFORMATION

NUCLEAR MED DEPARTMENT

Name: _____ DOB: _____ Sex: M F

Emergency Contact _____ Phone #: _____

Primary Care Physician: _____ Phone #: _____

Family History of Heart Disease: Y N Relationship: _____

Please circle any condition that applies to you: Agina Chest Pain High Cholesterol

Hypertension Diabetes Leg Swelling Pain in Calves Constipation Diarrhea

Nausea Back Pain Heartburn Congestive Heart Failure Arthritis

Allergies: _____

Do you smoke? Y N If yes, how much? _____ per day. Do you chew tobacco? Y N

Do you drink alcohol? Y N If yes, how much? _____ per day.

Previous Cardiologist _____ Address: _____

Please circle any procedure that you have had in the past: Cardiac Cath

Bypass/Open Heart Angioplasty Heart Valve Surgery Pacemaker/ Defibrillator

Echocardiogram Stress Test Renal Anigram Aortagram Vascular Surgery

Medication(s) (Prescription and over-the Counter): _____

Patient Signature _____ Date Signed: _____