



**HIMANSHU PANDYA,MD**  
**257-20 HILLSIDE AVENUE, FLORAL PARK, NY 11004**  
**TEL: (718) 831-6600**

**PATIENT NAME:** \_\_\_\_\_

**ALLERGY:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICAL HISTORY:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CURRENT MEDICATION(S):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HOSPITALIZATION(S):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SURGERY(S):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Smoker:**  No  Yes If yes, how many packs per day \_\_\_\_\_  
 For how long \_\_\_\_\_

**Alcohol:**  No  Yes If yes  Social  
 Daily