ONCOLOGY ASSOCIATES OF SAN DIEGO

A MEDICAL GROUP

Dr. Robert M. Barone, M.D., F.A.C.S. Dr. Paul M. Goldfarb, M.D., F.A.C.S.

BRIEF MEDICAL INFORMATION

PATIENT _____ DOB _____

Primary Physician: _____

Dominant Hand: Right / Left

Do you have a pacemaker, stent, any metal or clips implanted? Yes / No

Do you take heart or blood pressure medication? Yes / No

Do you take blood thinners? Yes / No

Are you diabetic? Yes / No

If yes, please list any medication: _____

Please list any known allergies: _____

_____

Please list any recent surgeries, including type of surgery and approximate date:

_____

_____

_____

Please list all medications you presently take:

_____

_____

_____