

ROBERT G. ZINGALE, M.D., F.A.C.S., P.L.L.C.

158 East Main Street, Suite 7 • Huntington, NY 11743
Phone: 631-271-1822 • Fax: 631-271-1868

MEDICATION, ALLERGY, HOSPITALIZATION & SURGERY QUESTIONNAIRE

Date: _____ Chief Complaint: _____

Name: _____ Duration: _____

Date of Birth: _____ Regular Doctor _____

Referring Doctor: _____

Medications and Supplements, Please List All:

<u>Medication or Supplement Name</u>	<u>Dosage (Amount)</u>	<u>How Often Taken</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Pharmacy: _____ Pharmacy Number _____

Pharmacy Address: _____

<u>Medications you are allergic to</u>	<u>Reaction</u>
_____	_____
_____	_____
_____	_____

Do you have any other allergies (example: hay fever, food):

Reasons for hospitalizations in the past two years, not including surgeries:

List Surgeries

