

Premier Cardiology Consultants, PLLC.

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**NEW PATIENT FORM**

*Please Print*

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender M F

Height \_\_\_\_\_ Weight \_\_\_\_\_

**Chief Complaint:**

\_\_\_\_\_

Anyone in your *immediate* family with heart disease under the age of 65? Y N  
If yes, give relationship and age at which heart disease first noted:

**Past Medical History (check all that apply):**

- High Blood Pressure
- Diabetes
- High Cholesterol
- Smoker
- Heart Attack
  - Dates \_\_\_\_\_
- Heart Surgery: Type \_\_\_\_\_
  - Dates \_\_\_\_\_

**Other Medical History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Surgical History & Dates:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Habits:**

Excessive Alcohol Use Y N  
Illegal Drug Use Y N

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

**Medications & Dosages:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Past Cardiac Procedures:**

- Prior Angiograms
  - Dates \_\_\_\_\_
- Prior Stress Test
  - Date \_\_\_\_\_
- Prior Echocardiogram
  - Date \_\_\_\_\_
- Prior Holter
  - Date \_\_\_\_\_

**If you were recently hospitalized, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_