Dr. Saeid Aryan, D.O.
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Phone: 817.502.7411/Fax: 817.502.7412
www.brainandback.com

☐ Insurance Carrier ☐ Friend/Family ☐ Internet ☐ VA ☐ Other______________ ☐ Hospital: ______________

Patient Medical History

Check all that apply: ☐ None apply

☐ Osteoarthritis ☐ Depression ☐ High Blood Pressure ☐ Diabetes ☐ Kidney Failure
☐ Anemia ☐ Migraines ☐ Seizures ☐ Heart Attack ☐ Osteoporosis
☐ Blood Clot(s) ☐ Liver Disease ☐ Stroke ☐ Cholesterol ☐ Cancer: _________
☐ Lung Disease ☐ Heart Failure ☐ Chronic Pain ☐ Asthma ☐ Rheumatoid Arthritis

Medication Allergies (Food, Latex): ☐ No Known Drug Allergies

____

Past Surgical History:

Type of Surgery	Approx. Year	Type of Surgery	Approx. Year

Pharmacy Information

Pharmacy Name: ______________________ Phone#: (____) ____-_______ Location: _______________________

List **ALL CURRENT** Medications and doses: ☐ None

______________________ ______________________ ______________________ ______________________
______________________ ______________________ ______________________ ______________________
______________________ ______________________ ______________________ ______________________
______________________ ______________________ ______________________ ______________________

Do you smoke? ☐ Yes ☐ No _______ packs/day for ___ years Do you drink alcohol? ☐ Yes ☐ No
☐ Quit ____ months/years Do you dip/chew tobacco? ☐ Yes ☐ No ☐ Daily ☐ 1-2 x/week ☐ Occasional

Family History