Gregory J. Shypula M.D., P.A. Hematology & Oncology
Plaza 35, Suite 307 / 1030 St. George Ave., Avenel, NJ 07001-1330
Tel (732) 750-1200 / Fax (732) 602-4044

1. What is your complaint? _____

2. Are you currently on any medications? No/Yes (if Yes please list)

_____

3. Are you allergic to any medications? No/Yes (if Yes please list)

_____

4. Have you had any type of surgery? No/Yes (if Yes please list)

_____

5. Have you ever suffered from any of the following (check all that apply):

Anemia _____ Bleeding Disorder _____ Cancer _____

Liver Disease _____ Respiratory Disorder _____ Other _____

If Yes, please give details _____

6. Has a family member suffered from any of the following (check all that apply):

Anemia _____ Bleeding Disorder _____ Cancer _____

Liver Disease _____ Respiratory Disorder _____ Other _____

If Yes, please give details _____

7. Do you bruise easily? No/Yes

8. Do you suffer from nose/gum bleeding or prolonged bleeding from cuts? No/Yes

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9. Have you ever had a blood transfusion? No/Yes

10. Have you ever been treated with chemotherapy or radiation therapy? No/Yes

11. Do you Smoke? No/Yes Packs/Day _____ How long _____ Quit for _____

12. Do you drink alcohol? No/Yes

13. Do you use drugs? No/Yes

14. Do you have children? No/Yes How many? _____

15. Last menstrual period? _____

16. It is required that you have a complete physical examination on your first visit so the doctor can Evaluate you properly. Do you agree to such an examination? No/Yes

17. Do agree to blood drawing for proper evaluation? No/Yes

I verify that the above information is true and correct

Patient's Signature _____ Date _____ /_____ /_____