Ashok K. Tripuraneni, MD
Oncology/Hematology
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Board Certified in Medical Oncology

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The American Community Cancer Center
750 W. High St Suite 160
Lima, OH 45801
Phone: 419-998-8299
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DATE:____________________

NAME:______________________________________

FAMILY PHYSICIAN:__________________________

This information is important for us to better serve you and care for you. Please complete this form prior to coming to your first appointment.

MEDICATIONS– List all current medications, including over the counter medications, herbal medications, vitamins, etc. (use a separate page or bring a list).

MEDICATION DOSE FREQUENCY HOW LONG HAVE YOU TAKEN

1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____
9. ____
10. ____

ALLERGIES– List all allergies and your reaction If NONE check here________

____

____

____

SURGERIES– List all surgical procedures in order. Include childhood and dental surgeries

YEAR PROCEDURE SURGEON COMPLICATIONS

1. ____
2. ____
3. ____
4. ____
5. ____

ASSISTIVE DEVICES

______NONE ______WHEELCHAIR ______WALKER ______CANE ______OXYGEN