



**Waheeda Mithani, M.D.
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IMPORTANT:

Please complete the attached New Patient Paperwork and return via email to info@mithanimd.com at least 48 hours prior to your scheduled appointment.

Appointment: _____

*Thank you! We are excited to welcome you to our clinic!
Please call our office and ask for Anny, our Bariatric Surgery Coordinator if you have
any questions.*

PHOTOGRAPHY CONSENT FORM/RELEASE

I, (print name) _____ hereby,

- GRANT
- DO NOT GRANT

permission to Dr. Waheeda Mithani, MD, PLLC to take and use photographs and/or digital images of me for use in promotions and/or educational materials. These materials may include printed or electronic publications, web sites, or other electronic communications. I further agree that my first name and last initial may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Waheeda Mithani, MD and her representatives.

_____ (Date)

_____ (Signature)

_____ (Printed Name)

Last Name: _____ Suffix: _____

First Name: _____ Middle Initial: _____

Preferred Name: _____ DOB: _____ Gender: M F

Phone: _____ Secondary Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Marital Status: _____ SS#: _____

Employer: _____ Email: _____

Primary Care Physician: _____ Phone: _____

Referring Physician: _____ Phone: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Insurance: _____ Policy Holder: _____

Insurance ID: _____ Policy Holder DOB: _____

Insurance Group: _____ Relation to Policy Holder: _____

Secondary Insurance: _____ Policy Holder: _____

Insurance ID: _____ Policy Holder DOB: _____

Insurance Group: _____ Relation to Policy Holder: _____

Race (circle one): American Indian or Alaskan Asian Hawaiian
Black or African American White Hispanic Decline to Specify
Other _____

Ethnicity (circle one): Hispanic or Latino Not Hispanic or Latino Decline to Specify

Language: English Spanish

Preferred Pharmacy: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Medical History

Condition	Yes	No	Details
Diabetes			
Hypertension			
Sleep Apnea/CPAP			
High Cholesterol			
Arthritis			
Heart Disease			
Abdominal pain			
Heartburn, nausea or vomiting			
Headaches, Dizziness, Seizures			
Strokes, TIA's			
Pain in joints, arms, legs or back			
Asthma, SOB, wheezing, snoring, night sweats			
Skin rashes, infections, dry skin, keloids			
Fever, fatigue, loss of appetite			
Changes in vision, eye pain, nose bleeds, difficulty swallowing			
Chest pain, palpitation			
Edema or swelling			
Bleeding tendencies, blood clots			
Psychiatric conditions			

Surgical History

Date	Surgery

Patient Name: _____ DOB: _____

Current Medications:

Medication	Dose	Frequency

Allergies: _____

Family History:

	Obesity	Diabetes	High Blood Pressure	Heart Disease	Mental Illness	Cancer
Mother						
Father						
Brother						
Sister						

Diet History:

Diet Methods	Duration	Weight Loss
Jenny Craig		
Nutrisystem		
Weight Watchers		
Atkins or other high protein diet		
Nutritionists		
Over the counter medications		
Prescription medications (ie:Adipex)		
Other Measures		

Weight History:

Age onset obesity: _____

Lowest adult weight: _____

Highest adult weight: _____

Greatest weight loss and how long was it maintained? _____

Do you consider yourself active during the day? **Yes** **Somewhat** **No**

Do you belong to a gym? _____ Do you have access to a pool? _____

Average number hours of nightly sleep? _____

Social History:

Do you consume alcohol? **Never** **Occasionally** **Regularly** If so, how much? _____

Do you smoke cigarettes? **No** **Yes** If so, how much? _____

Do you use recreational drugs? **No** **Yes** If so, what kind? _____

Surgery Preference:

Roux-en-y Gastric Bypass

Sleeve Gastrectomy

Date of last colonoscopy? _____

How did you hear about Dr. Mithani? _____

Acute/Chronic stressors in your life?

Is there anything personal you would like Dr. Mithani to know about you?
