PATIENT MEDICAL HISTORY

DATE _____

NAME _____ DATE OF BIRTH _____

FAMILY PHYSICIAN _____ LAST VISIT _____

ADDITIONAL PHYSICIAN'S THAT YOU WOULD LIKE TO RECEIVE A COPY OF YOUR VISIT SUMMARY:

1. _____ 2. _____

REASON FOR TODAY'S APPT _____

DRUG ALLERGIES: _____

MEDICATIONS:

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

DO YOU SMOKE? NO YES PACKS PER DAY _____ YRS SMOKED _____

IF NO, HAVE YOU EVER SMOKED? NO YES

PACKS PER DAY _____ YRS SMOKED _____ YEAR QUIT _____

DO YOU DRINK ALCOHOL? NO YES - HOW OFTEN? _____

ALL PREVIOUS SURGERY INCLUDING ANY BY OUR OWN PHYSICIANS: APPROXIMATE DATE

1. _____ _____

2. _____ _____

3. _____ _____

4. _____ _____

HAVE YOU EVER HAD AN OVERNIGHT HOSPITAL STAY? NO YES

IF YES, WHAT WERE YOU TREATED FOR? _____

_____

NAME _____**DATE**_____

PERSONAL AND FAMILY HISTORY AND CURRENT ILLNESS:

PLEASE INDICATE ALL THAT APPLY AND RELATIONSHIP TO PATIENT IF OTHER THAN YOURSELF.

	YES	NO	RELATIONSHIP TO PATIENT
ALZHEIMER'S DISEASE	____	____	_____
ANEMIA	____	____	_____
ANEURYSM ~ LOCATION _____	____	____	_____
ANGINA	____	____	_____
ANXIETY / DEPRESSION	____	____	_____
ASTHMA	____	____	_____
ARTHRITIS ~ OSTEO	____	____	_____
~ RHEUMATOID	____	____	_____
BENIGN PROSTATIC HYPERTROPHY	____	____	_____
BLOOD DISORDER, TYPE _____	____	____	_____
BRONCHITIS	____	____	_____
CNS TUMORS	____	____	_____
CANCER ~ TYPE _____	____	____	_____
CAROTID ARTERY DISEASE	____	____	_____
COPD	____	____	_____
CIRRHOSIS	____	____	_____
COLITIS	____	____	_____
CONGESTIVE HEART FAILURE (CHF)	____	____	_____
CORONARY ARTERY DISEASE (CAD)	____	____	_____
CROHN'S DISEASE	____	____	_____
DEEP VEIN THROMBOSIS (DVT)	____	____	_____
DIABETES JUVENILE ___ ADULT ___			
~ INSULIN-DEPENDENT	____	____	_____
~ NON INSULIN-DEPENDENT	____	____	_____
EMPHYSEMA	____	____	_____
PROSTATE DISEASE	____	____	_____
EPILEPSY	____	____	_____
FAINTING SPELLS	____	____	_____
FIBROMYALGIA	____	____	_____
HEART~ ATRIAL FIBRILLATION	____	____	_____
~ MURMUR	____	____	_____
~ PALPITATIONS	____	____	_____
~ PACEMAKER / DEFIBRILLATOR	____	____	_____
~ VALVE DISEASE	____	____	_____
HEART ATTACK (MI)	____	____	_____
HEPATITIS	____	____	_____
HYPERCHOLESTEROLEMIA	____	____	_____
HYPERGLYCEMIA / HYPOGLYCEMIA	____	____	_____
HYPERTENSION	____	____	_____
HYPERTHYROIDISM / HYPOTHYROIDISM	____	____	_____
KIDNEY ~ DISEASE	____	____	_____
~ STONES	____	____	_____
LUPUS	____	____	_____
MULTIPLE SCLEROSIS (MS)	____	____	_____

NAME _____DATE_____

PERSONAL AND FAMILY HISTORY AND CURRENT ILLNESS: (con't)

	YES	NO	RELATIONSHIP TO PATIENT
PARKINSON'S DISEASE	____	____	_____
PERIPHERAL VASCULAR DISEASE (PVD)	____	____	_____
PHLEBITIS	____	____	_____
PULMONARY EMBOLISM (PE)	____	____	_____
RAYNAUD'S SYNDROME	____	____	_____
RHEUMATIC FEVER	____	____	_____
SEIZURE DISORDER	____	____	_____
VARICOSE VEINS	____	____	_____
VERTIGO	____	____	_____
OTHERS NOT LISTED ABOVE:			
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____