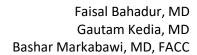


PATIENT MEDICAL HISTORY

Patient Name		Date of Birth		Today's date		
HEA	ALTH HIST	TORY AN	ID RISK FACTO	ORS		
Have you ever experienced or have been diag	gnosed w	ith:				
Congestive Heart Failure (CHF)		Yes	No	When?		
Heart Attack (myocardial infarction, MI)		Yes	No	When?		
High Blood Pressure (hypertension)		Yes	No	When?		
Diabetes		Yes	No	When?		
Stroke		Yes	No	When?		
High Cholesterol		Yes	No	When?		
Cancer		Yes	No			
Lung Disease		Yes	No			
Bleeding or Clotting Tendencies		Yes	No	When?		
Thyroid Disorder		Yes	No			
Peripheral Vascular/Arterial Disease (PAD)		Yes	No			
Heart Valve Disease		Yes	No			
Other Major Illnesses:		Yes	No			
SURGERIES: What Procedure?						
What Procedure?						
What Procedure?						
HOSPITALIZATIONS:						
Reason				When?		
Reason						
				wiicii:		
WOMEN ONLY: Hysterectomy? [] partial [] Full	Yes	No				
Do you take Birth Control Pills?	Yes	No				
Have you gone through Menopause?	Yes	No				
Are you taking hormone replacements?	Yes	No				
, talling replacements	. 00					





CURRENT MEDICATION: (if you have a Drug Name		st") sage (mg)	hc —	how many times a day?	
			- - - -		
Drug Name		React	ion		
Other Allergies (food, adhesive tape,	iodine, contrast dye, la	tex, etc)			
Do you smoke?	Yes	No	How Much	n?	
Alcohol use?	Yes	No		1?	
Drug use?	Yes	No		1?	
Caffeine use?	Yes	No		າ?	
deceased): Father:					
Brother or Sister:					
PATIENT HEALTH CHECKLIST:	_				
Constitutional	Eyes Cataracts		ENMT Difficulty swallowing		
Significant weight change Night sweats	Blurred or d	louble visio	Difficulty swallowing Dry, Hoarse throat		
Unexplained Fever	Glaucoma	TOUBLE VISIO	Dizziness		
Cardiovascular	Respiratory		Gastrointestinal		
Chest discomfort	Wheezing/A	Asthma	Indigestion/Reflux		
Shortness of breath				BI II I	
	Chronic cou	ıgh		Blood in stools	
Skipped beats/Palpitations Fainting		ıgh		Blood in stools Constipation	
Skipped beats/PalpitationsFainting Musculoskeletal	Chronic cou Shortness o	ıgh		Constipation Neurological	
Skipped beats/PalpitationsFainting MusculoskeletalJoint pain	Chronic cou Shortness o Integumentary Skin rash	ıgh		Constipation Neurological Headache	
Skipped beats/Palpitations Fainting Musculoskeletal Joint pain Back Pain	Chronic cou Shortness o Integumentary Skin rash Bruising	ıgh		Constipation Neurological Headache Memory Loss	
Skipped beats/PalpitationsFainting MusculoskeletalJoint pain	Chronic cou Shortness o Integumentary Skin rash	ıgh		Constipation Neurological Headache	
Skipped beats/Palpitations Fainting Musculoskeletal Joint pain Back Pain	Chronic cou Shortness o Integumentary Skin rash Bruising Bleeding Endocrine	gh f breath		Constipation Neurological Headache Memory Loss Speech problems Genitourinary	
Skipped beats/PalpitationsFainting MusculoskeletalJoint painBack PainMuscle Weakness	Chronic cou Shortness o Integumentary Skin rash Bruising Bleeding	gh f breath		Constipation Neurological Headache Memory Loss Speech problems	