

HEALTH HISTORY
(Confidential)

Name: _____

Occupation: _____

Phone: _____

Referring Physician: _____

The MAIN REASON for my appointment today is:

MEDICAL HISTORY:

I have these medical problems

- | | |
|-------------------------|--|
| 1. Anemia | 11. Liver disease or hepatitis |
| 2. Diabetes | 12. Prior blood transfusion |
| 3. Thyroid disorder | 13. History of blood clots |
| 4. Seizures (epilepsy) | 14. Bleeding disorder |
| 5. High blood pressure | 15. Low platelets |
| 6. Heart disease | 16. Lupus or arthritis |
| 7. Rheumatic fever | 17. History of anesthetic reaction of anesthetic |
| 8. Asthma or Emphysema | 18. History of cancer |
| 9. Kidney problems | 19. Other: _____ |
| 10. Intestinal problems | |

Describe _____

20. No known medical problems.

I smoke: No/Yes _____ packs/day

I drink: Never, Rarely, Weekends, Daily

MEDICATIONS:

ALLERGIES:

CARDIOVASCULAR SURVEILLANCE

My Cholesterol was last checked _____ (approx date
Cholesterol level _____ if known)

I have risk factors for heart or vascular blood vessel disease:

- A family history of heart attack or stroke
 I currently smoke
 I have high blood pressure
 I have been told my cholesterol is high
 I have diabetes or am significantly overweight

SURGERIES AND HOSPITALIZATIONS:

APPROXIMATE / REASON FOR HOSPITALIZATION
DATE (YEAR) OR THE TYPE OF SUGERY

1. _____ / _____
2. _____ / _____
3. _____ / _____
4. _____ / _____
5. _____ / _____
6. _____ / _____
7. _____ / _____
8. No Surgeries / or hospital

FAMILY HISTORY:

Please circle and of the medical problems found in you family (include immediate family & grandparents). Also list who is affected.

1. Breast cancer _____
2. Ovarian Cancer _____
3. Colon Cancer _____
4. Other types of cancer _____
5. Diabetes _____
6. High blood pressure _____
7. Heart disease _____
8. Stroke _____
9. Other medical problems _____
10. No medical problems in family

Signature: _____

Date _____