



**Past Medical History:** (please place an “X” next to any condition that you have now or have had in the past)

**Cardiac**

- Abdominal aneurysm
- Anticoagulation – type \_\_\_\_\_
- Atrial fibrillation
- Cardiomyopathy
- Carotid disease
- CHF/congestive heart failure
- Clotting disorder
- COPD
- Coronary artery disease
- Deep vein thrombosis
- Diabetes mellitus
- Heart attack
- Hyperlipidemia
- Hypertension
- Kidney disease
- Pulmonary embolus
- PVD/peripheral vascular disease
- Stroke/TIA
- Heart valve disease
- NONE OF THE ABOVE

**Respiratory**

- Asthma
- Chronic bronchitis
- Emphysema/COPD
- History of tobacco use
- NONE OF THE ABOVE

**Gastrointestinal**

- Crohn’s disease
- Gastroesophageal reflux (stomach reflux)
- Hepatitis B
- Hepatitis C
- Hiatal hernia
- Stomach ulcers
- Ulcerative colitis
- NONE OF THE ABOVE

**Hematologic/Oncologic**

- Bleeding disorder
- Cancer – type \_\_\_\_\_
- NONE OF THE ABOVE

**Rheumatologic**

- Autoimmune disease
- Gout
- Osteoarthritis
- Rheumatoid arthritis
- NONE OF THE ABOVE

**Endocrine**

- Diabetes
- Hyperthyroidism or Graves Disease
- Hypothyroidism
- NONE OF THE ABOVE

**Infectious**

- HIV/AIDS
- Rheumatic fever
- Syphilis
- NONE OF THE ABOVE

**Neurologic/Psychiatric**

- Anxiety
- Dementia/Alzheimer’s
- Depression
- Parkinson’s disease
- Seizure disorder
- NONE OF THE ABOVE

**GU/Misc**

- Breast disease
- Kidney failure
- Kidney stones
- Prostate disease
- NONE OF THE ABOVE

**Other**

- \_\_\_\_\_

**Past Surgical History:** (please place an "X" next to any procedures or surgeries that you have had in the past)

- |  |  |
|--|--|
| <input type="checkbox"/> NEVER HAD ANY SURGERY               | <input type="checkbox"/> Cataract Removal            |
| <input type="checkbox"/> Abdominal aortic aneurysm repair    | <input type="checkbox"/> Caesarian Section           |
| <input type="checkbox"/> CABG/coronary artery bypass surgery | <input type="checkbox"/> Cholecystectomy/gallbladder |
| <input type="checkbox"/> Cardiac ablation                    | <input type="checkbox"/> Colon surgery               |
| <input type="checkbox"/> Cardiac catheterization             | <input type="checkbox"/> Hip surgery                 |
| <input type="checkbox"/> Cardioversion                       | <input type="checkbox"/> Hysterectomy                |
| <input type="checkbox"/> Carotid endarterectomy              | <input type="checkbox"/> Inguinal hernia repair      |
| <input type="checkbox"/> Femoral-popliteal bypass            | <input type="checkbox"/> Kidney removal              |
| <input type="checkbox"/> ICD                                 | <input type="checkbox"/> Knee arthroscopy            |
| <input type="checkbox"/> Pacemaker                           | <input type="checkbox"/> Knee replacement            |
| <input type="checkbox"/> PTA/angioplasty of an artery        | <input type="checkbox"/> Neck surgery                |
| <input type="checkbox"/> PTCA/stent of coronary artery       | <input type="checkbox"/> Orthopedic (type: _____)    |
| <input type="checkbox"/> Thoracic aortic aneurysm repair     | <input type="checkbox"/> Prostate surgery            |
| <input type="checkbox"/> Valve surgery/repair/replacement    | <input type="checkbox"/> Shoulder surgery            |
| <input type="checkbox"/> Vascular surgery                    | <input type="checkbox"/> Sinus surgery               |
| <br>   | <input type="checkbox"/> Tonsillectomy               |
| <input type="checkbox"/> Appendectomy                        | <input type="checkbox"/> Tubal Ligation (females)    |
| <input type="checkbox"/> Back surgery                        | <input type="checkbox"/> Vasectomy                   |
| <input type="checkbox"/> Bariatric surgery                   | <input type="checkbox"/> Ventral hernia repair       |
| <input type="checkbox"/> Brain surgery                       | <input type="checkbox"/> Other: _____                |
| <input type="checkbox"/> Carpal tunnel surgery               |  |

**Family History**

	Alive/Deceased	No health problems	Arrhythmias	Cancer	Coronary artery disease	Clotting disorders	Fainting	Heart attack	Heart disease	Heart failure	Hyperlipidemia	Hypertension	Sudden death	Other
Mother														
Father														
Sister														
Sister														
Sister														
Brother														
Brother														
Brother														

A = alive    D = deceased

- Adopted     Family history unknown

**Tobacco use**

- Never smoked     Current every day smoker (\_\_\_ packs/day for \_\_\_ years)  
 Prior smoker (\_\_\_ packs/day for \_\_\_ years; quit \_\_\_\_\_)

**Smokeless tobacco**

- Never used     Snuff     Chew

**Alcohol Use:**

- No     Yes (\_\_\_ glasses of wine/week; \_\_\_ beer/week; \_\_\_ shots of liquor/)     Prior heavy alcohol consumption

- Drug use:**     No     Yes (type: \_\_\_\_\_)

- Occupation:**     Employed; occupation: \_\_\_\_\_     Unemployed     Disabled     Retired

- Marital status:**     Single     Married     Legally separated     Divorced     Widowed     Significant other

- Primary Language:**     English     Spanish     Other: \_\_\_\_\_

- Ethnic group:**     Non-Hispanic     Hispanic or Latin

- Race:**     White or Caucasian     Black or African American     Asian  
 American Indian or Alaska native     Native Hawaiian or Pacific Islander     Some other race

**Is there anything else that you think the physician should be aware of?**

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**Comprehensive Review of Systems**

**General**

- Appetite loss
- Chills
- Diaphoresis (abnormally increased sweating)
- Fever
- Generalized weakness
- Malaise/Fatigue
- Night sweats
- Weight gain
- Weight loss
- NONE OF THE ABOVE

**HENT**

- Congestion
- Ear discharge
- Ear pain
- Headaches
- Hearing loss
- Hoarseness
- Nosebleeds
- Odynophagia (pain when swallowing)
- Sore throat
- Stridor (high-pitched breath sound)
- Tinnitus (ringing in the ears)
- NONE OF THE ABOVE

**Gastrointestinal**

- Abdominal bloating
- Abdominal pain
- Anorexia (lack or loss of appetite for food)
- Bowel habits change
- Bowel incontinence
- Constipation (bowel movements that are infrequent or hard to pass)
- Diarrhea (loose or liquid bowel movements)
- Dysphagia (difficulty with swallowing)
- NONE OF THE ABOVE

**Eyes**

- Blurred vision
- Discharge
- Double vision
- Eye pain
- Photophobia (discomfort or pain to the eyes due to light exposure)
- Redness
- Vision loss – left
- Vision loss – right
- Visual disturbance
- Visual Halos (bright circles that surround a light source)
- NONE OF THE ABOVE

**Cardiovascular**

- Chest pain
- Claudication (cramping pain in the leg which is induced by exercise)
- Cyanosis (bluish discoloration, especially of the skin and mucous membranes)
- Dyspnea on exertion (difficulty breathing when engaged in a simple activity like walking)
- Irregular heartbeats
- Leg swelling
- Near syncope (almost having a loss of consciousness)
- Orthopnea (shortness of breath that occurs when lying flat)
- Palpitations
- PND (severe shortness of breath and coughing that generally occur at night)
- Syncope (sudden loss of consciousness)
- NONE OF THE ABOVE

**Genitourinary**

- Bladder incontinence (involuntary leaking of urine)
- Decreased libido (reduced sex drive)
- Dysuria (pain or discomfort when urinating)
- Flank pain
- Frequency
- Genital sores
- Hematuria (presence of blood in urine)
- Hesitancy (inability to completely empty the bladder)
- NONE OF THE ABOVE

**Respiratory**

- Cough
- Hemoptysis (coughing up blood or blood-stained mucus)
- Shortness of breath
- Sleep disturbances
- Snoring
- Sputum production
- Wheezing (high-pitched whistling sound made while breathing)
- NONE OF THE ABOVE

**Endocrine**

- Intolerance of cold
- Intolerance of heat
- Polydipsia (excessive thirst)
- Polyphagia (excessive hunger)
- Polyuria (production of abnormally large volumes of dilute urine)
- NONE OF THE ABOVE

Heme/Lymph

- Adenopathy (enlargement of lymph nodes)
- Bleeding
- Easy bruising/bleeding
- NONE OF THE ABOVE

Neurological

- Aphonia (loss of ability to speak)
- Brief paralysis (inability to move)
- Concentration difficulty
- Coordination
- Daytime sleepiness
- Dizziness
- Focal weakness
- Lightheadedness
- NONE OF THE ABOVE

Skin

- Changes in nail beds
- Discoloration
- Dryness
- Flushing
- Itching
- Poor wound healing
- Rash
- Skin cancer
- Suspicious lesions
- Unusual hair distribution
- NONE OF THE ABOVE

Musculoskeletal

- Arthritis (painful inflammation and stiffness of the joints)
- Back pain
- Falls
- Gout (inflammatory arthritis characterized by recurrent attacks of a red, tender, hot, and swollen joint)
- Joint pain
- Joint swelling
- Muscle cramps
- Muscle weakness
- Myalgias (muscle pain)
- Neck pain
- Stiffness
- NONE OF THE ABOVE

Psychiatric

- Altered mental status
- Depression
- Hallucinations (perception in the absence of external stimulus)
- Hypervigilance (enhanced state of sensory sensitivity)
- Insomnia (sleepless or inability to sleep)
- Memory loss
- NONE OF THE ABOVE