

PATIENT HISTORY

DATE: _____

PERSONAL DATA: (PLEASE PRINT)

NAME: _____ AGE: _____ SEX: _____ MARITAL STATUS: _____

OCCUPATION: _____ REFERRING PHYSICIAN: _____

RECREATIONAL ACTIVITIES OR HOBBIES: _____

PRESENT ILLNESS: (Describe briefly the problems you are having and the reason you are coming to see us.)

MEDICATIONS: (List all medications you are now taking, the dosage, and how frequently you are taking them). _____

ALLERGIES: (List all allergies; such as foods, iodine, pine pollen, drugs, etc.) _____

PAST HISTORY:

MEDICAL: (list all major illnesses you have had in the past -- both in the hospital and at home -- what childhood diseases have you had.) _____

SURGICAL: (List all surgeries you have had and the approximate dates they occurred.) _____

CARDIAC RISK FACTORS: (Have you had any of the following?)

1. High blood pressure? _____ For how long? _____ Was it treated? _____
2. Diabetes? _____ For how long? _____ Was it treated? _____
3. Are you overweight? _____ For how long? _____
4. Do you smoke? _____ How much _____ For how long? _____
5. Do you consume alcohol? _____ How much? _____ How often? _____
6. Is there a history of heart disease in your family?
7. How active are you? _____ Are you limited in your activities by the symptoms you have described above under present illness? _____ If so describe how: _____
8. Have you ever had your blood checked for Cholesterol, Lipids, or Triglycerides? _____
If so, have any of them ever been too high? _____
9. Do you take birth control pills? _____ If so, for how long? _____

Please continue on other side

REVIEW OF SYSTEMS: (Describe any problems you have had with any of the following.)

HEART: _____

LUNGS: _____

EYES, EARS, NOSE, OR THROAT: _____

STOMACH OR BOWELS: _____

BONES OR JOINTS: _____

MUSCLES: _____

NERVES: _____

SKIN: _____

BLOOD: _____

KIDNEYS: _____

MALE ORGANS: _____

FEMALE ORGANS: _____

FAMILY HISTORY: (List major illnesses -- Heart disease, High blood pressure, Diabetes, Stroke, List age if living, age at death and cause of death where applicable and known.)

FATHER: _____

PATERNAL GRANDPARENTS: _____

MOTHER: _____

MATERNAL GRANDPARENTS: _____

BROTHERS: _____

UNCLES: _____

SISTERS: _____

AUNTS: _____

CHILDREN: _____