

# PATIENT HISTORY

Name: \_\_\_\_\_  
(please print)

DOB \_\_\_\_\_

**The following information is very important to your health. Please take the time to fully and accurately fill out this form.**

## HEART HISTORY: (CIRCLE ALL THAT APPLY)

HEART PROBLEM AT BIRTH	HIGH BLOOD PRESSURE	CHEST PAIN
MURMURS	HIGH LIPIDS (CHOLESTEROL)	ANGINA
VALVE DISEASE	PROBLEMS PASSING OUT	HEART ATTACK (S) YR _____
VALVE SURGERY	NEARLY PASSING OUT	HISTORY OF CATH (S) YR _____ HOSPITAL _____
PALPITATIONS	PACEMAKER	ANGIOPLASTY / STENT(S) YR _____ HOSP _____
HEART RACING	ICD	BYPASS SURGERY YR _____ HOSP _____
ATRIAL FIBRILLATION	CARDIOVERSION	# GRAFTS _____ SURGEON _____
PAC / PVC	EPS STUDY	OTHER _____

## GENERAL HISTORY:

RHEUMATIC FEVER	LIVER DISEASE:	DIABETES	VASCULAR DISEASE:
STROKES	CIRRHOSIS	TYPE 1	(BLOCKED ARTERIES)
SEIZURES	HEPATITIS	TYPE 2	TO NECK (CAROTIDS)
		THYROID DISEASE	TO KIDNEYS
LUNG PROBLEMS:	LOWER BOWEL:	CANCER _____	TO LEGS
COPD	IRRITABLE BOWEL		TO AORTA
EMPHYSEMA	SPASTIC COLON	ARTHRITIS:	
BLACK LUNG	COLON POLYPS	OSTEOARTHRITIS	FREQUENT HEADACHES
TB	DIVERTICULITIS	RHEUMATOID	MIGRAINES
ASTHMA		FIBROMYALGIA	
	KIDNEY DISEASE:	OSTEOPOROSIS	PROSTATE ENLARGED
STOMACH PROBLEMS:	STONES	GOUT	
HIATIAL HERNIA	INSUFFICIENCY	SLE	ANXIETY
REFLUX/GERD	DIALYSIS		DEPRESSION
ULCERS/ GASTRITIS			

OTHER \_\_\_\_\_

## SURGICAL HISTORY:

TONSILS	HYSTERECTOMY P / C	OTHERS _____
THYROID	GALL BLADDER	_____
HERNIA REPAIR (S)	KIDNEY STONES	_____
CATARACTS	BACK LOWER / NECK	_____
CARPAL TUNNEL	ORTHOPEDIC	_____

## SOCIAL HISTORY:

MARITAL STATUS: MARRIED SEPARATED WIDOWED DIVORCED SINGLE CHILDREN: # \_\_\_\_\_  
TOBACCO USE: \_\_\_\_\_ Packs a day \_\_\_\_\_ for years quit \_\_\_\_\_ ALCOHOL: NONE RARE SOCIAL REGULAR  
ILLICIT DRUGS \_\_\_\_\_ OCCUPATION \_\_\_\_\_ REQUIRES HEAVY LIFTING \_\_\_\_\_ LBS X \_\_\_\_ HR

## FAMILY HISTORY: (Circle all that apply)

FATHER:	HEART / CANCER / DIABETES / THYROID / STROKE / OTHER _____
MOTHER:	HEART / CANCER / DIABETES / THYROID / STROKE / OTHER _____
SIBLINGS:	HEART / CANCER / DIABETES / THYROID / STROKE / OTHER _____
CHILDREN:	HEART / CANCER / DIABETES / THYROID / STROKE / OTHER _____

Signature \_\_\_\_\_

DATE \_\_\_\_\_

**I attest that the above information is true and correct to the best of my belief.**