MEDICAL HISTORY AND EVALUATION

Name: _____ DOB: _____

Reason for Today's Visit: _____

Medical History:

Have you ever had:	YES	NO	DOCTOR'S NOTES:
Recent Cough/Cold	_____	_____	_____
Nasal Obstruction	_____	_____	_____
Heart Problems	_____	_____	_____
Heart Attack/M.I.	_____	_____	_____
Chest Pain/Angina	_____	_____	_____
Stroke	_____	_____	_____
Skin Cancer	_____	_____	_____
Other Cancers	_____	_____	_____
Swollen Ankles	_____	_____	_____
High Blood Pressure	_____	_____	_____
Ulcer	_____	_____	_____
Anemia	_____	_____	_____
Bleeding Problems	_____	_____	_____
Unusual Bruising	_____	_____	_____
Diabetes	_____	_____	_____
Kidney Disease	_____	_____	_____
Liver Disease	_____	_____	_____
Hepatitis	_____	_____	_____
Lung Disease	_____	_____	_____
Emphysema	_____	_____	_____
Shortness of Breath	_____	_____	_____
Asthma	_____	_____	_____
Seizures	_____	_____	_____
Arthritis	_____	_____	_____
Are you on blood thinners	_____	_____	_____
Are you taking aspirin	_____	_____	_____
Are you pregnant	_____	_____	_____
On birth control pills	_____	_____	_____
Do you smoke	_____	_____	_____
Blood clots in your legs/DVT	_____	_____	_____
Blood clots in your lungs/PE	_____	_____	_____
Problems with anesthesia	_____	_____	_____
Previous Surgery: Yes or No _____			_____
Please list: Type		Date	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____

Are you taking any medications: Yes or No (circle)

Please List: _____

_____

_____

_____

_____

Allergies to Drugs or Latex: Yes or No (circle)

Please List: _____

_____

Do you have any other medical problems not listed here?: _____

_____

_____

Do you have a family history of skin cancer; if yes, who and what type?: _____

_____

Do you have a family history of breast cancer; if yes, who?: _____

_____

Do you have a family history of heart attacks or stroke; if yes, who and what type?:

_____

_____

Your Height: _____ Your Weight: _____

Are you right or left handed? _____ When was your last tetanus shot? _____

I affirm that the above is true and accurate.

Signature: _____ Date: _____