

Date _____
 Patient Name _____
 Referring MD _____
 Purpose of visit _____
 Height _____ Weight _____ Age _____ DOB _____

Past Medical History Check all that apply

- High blood pressure _____
- Diabetes _____
- Heart disease _____
- Kidney disease _____
- High cholesterol _____
- Lung Disease _____ Type _____
- Pulmonary embolism _____
- Cancer _____ Type _____
- Stomach problems _____ Type _____
- Thyroid problems _____
- Varicose Veins _____
- Deep vein thrombosis _____ Left ___ Right ___
 (blood clots)
- Stroke _____ Left ___ Right ___
- TIA _____
- Other _____

Past Surgical History List type Side
 _____ year _____ Left ___ Right ___
 _____ year _____
 _____ year _____
 _____ year _____

Prior Hospitalization – why and date
 _____ year _____
 _____ year _____

Medications and doses

Allergies and reactions

MD initial _____
 Date _____

Patient Name: _____

Social History	Yes	No	
• Tobacco	_____	_____	How much? _____
• Drugs	_____	_____	What? _____
• Alcohol	_____	_____	How much? _____
• Exercise?	_____	_____	How often? _____ How long? _____
• Occupation	_____		
• Pregnancies	How many? _____		
• How many children?	_____		

Family History	Check all that apply	Type	Family member?
• Cancer	_____	_____	_____
• Heart disease	_____	_____	_____
• Diabetes	_____	_____	_____
• Bleeding disorders	_____	Type _____	_____
• Blood clot disorder	_____	Type _____	_____
• Other (describe)	_____		

Review of Systems	Check all that apply	How long
• Fevers or chills	_____	_____
• Unexplained weight loss	_____	_____
• Vision changes	_____	_____
• Chest pain	_____	_____
• Heart palpitations	_____	_____
• Chest pain exertion	_____	_____
• Shortness of breath	_____	_____
• Abdominal pain	_____	_____
• Nausea or vomiting	_____	_____
• Leg pain with walking	_____	_____
• Ulcers of legs or feet	_____	_____
• Leg swelling	_____	_____
• Dizziness	_____	_____
• Weakness	_____	_____
• Numbness	_____	_____
• Slurred speech	_____	_____
• Easy bleeding or bruising	_____	_____
• Anxiety	_____	_____
• Depression	_____	_____

MD initial _____

Date _____