



# MEDICAL HISTORY

PATIENT IDENTIFICATION
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Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ HT \_\_\_\_\_ (ft/in) WT \_\_\_\_\_ (lbs.)

Patient Name: \_\_\_\_\_ Patient's Primary Language: \_\_\_\_\_

Patient Contact Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Primary Doctor (name/number) \_\_\_\_\_ Cardiologist (name/number) \_\_\_\_\_

**Medical History** Check  if you have or have had any of the following. None (No medical illnesses or conditions) If  None, please complete activity and anesthesia sections.**HEART, ARTERIES, DIABETES, AND KIDNEYS**

Heart Attack	Congestive Heart Failure	Stroke	Diabetes (use pills)
Angioplasty or Stent	ECHOCARDIOGRAM (not ECG)	High Blood Pressure	Diabetes (use insulin)
Angina or Chest Pain	Heart Valve Problem	Pacemaker/Defibrillator	Artery Disease (PAD)
Stress Test	Abnormal Rhythm (A.fib)	Kidney Failure / Kidneys Not Working Well	

Other or If  Please Explain:**LUNGS**

COPD or Emphysema	Sleep Apnea/CPAP	Asthma	Home Oxygen
Recent Flu or Bad Cough	Smoker Past or Now: Packs/Day	Year Started:	Year Stopped:

Other or If  Please Explain:**ADDITIONAL MEDICAL HISTORY**

Frequent Heart Burn/Acid Reflux/GERD	Cancer	Nervous System Disease
Hepatitis or Cirrhosis	Chemotherapy or Radiation Therapy	Chronic Pain/Pain Pump
Easy Bleeding	Blood Clot	Mental Health Issues
Anemia or Blood Disease	MRSA or Resistant Bacteria	Drug or Alcohol Use

Other or If  Please Explain:**PAST SURGERIES AND HOSPITALIZATIONS**

Year	Surgery Type/Reason for Hospitalization	Year	Surgery Type/Reason for Hospitalization

**ACTIVITY/EXERCISE**

What is the most strenuous activity or active thing you do?

Can you walk 4 blocks or go up 2 flights of stairs without getting short of breath? YES NO NOT SURE

Do you exercise? YES NO What type? How Long? How often?

**ANESTHESIA**

Have you or a blood relative had a serious problem with anesthesia? YES NO

Have you been told you are difficult to intubate (to place a breathing tube)? YES NO

Do you have loose or chipped teeth, caps veneers, or dentures? YES NO Which:

Other or If Yes Please Explain: