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## **Patient Medical History Form**

Patient Name:	Date of Birth:	Date of Birth:			
Referring Physician:		Preferred Hospital:			
Preferred Pharmacy:	Preferred Pha				
Preferred Pharmacy Address:					
Reason for Visit:					
rrent Medication: Please list all current medications you are taking, including dosage and frequency.					
Medication Name	Dosage	Frequency			

Intravenous dye	Allergies: Please check the box if you have ev	_	<i>.</i>			
Allergic to: Reaction:   Reaction:   Allergic to:   Reaction:   Reaction:   Allergic to:   Allergic to:	•		□ lodine			
Allergic to:	<u> </u>					
Allergic to:	Allergic to:	_ Reaction:				
Reaction:	Allergic to:	_ Reaction:				
Personal Medical History: Has the patient had any of the following medical conditions?  Cardiac Risk Factors:	Allergic to:	Reaction:				
Cardiac Risk Factors:	Allergic to:	Reaction:				
High cholesterol/triglycerides   High blood pressure (hypertension)   Diabetes Mellitus	Personal Medical History: Has the patient h	ad any of the follo	owing medical conditions?			
Heart History:   Date	Cardiac Risk Factors:					
Date	☐ High cholesterol/triglycerides	☐ High blood pr	essure (hypertension)   Diabetes Mellitus			
Heart Attack	-					
Atrial Fibrillation		Physician	Hospital			
Arrhythmia (Irregular beats)	<u> </u>					
Congestive Heart Failure	<u> </u>		·			
Coronary Artery Disease (blocked arteries)						
Heart Murmur						
Vein History:		ked arteries)	,			
Varicose Veins Venous Reflux   Edema (Swelling)** □Throbbing legs**   Pain Upon Standing** □Pain Upon Ambulation/Activity**    Neurological History:  Stoke  Neuropathy  Fainting  Transient Ischemic Attack  Migraine Headache  Pulmonary & Endocrine History:  Asthma  Hyperthyroidism (overactive thyroid)  Bronchitis**  COPD  COPD  Bronchitis**  Gentroenterology History:  Blood in the stool**  Blood in Hepatitis  Concer  Hepatitis  Nomit containing blood**  Other History:  Bleeding Disorder  Cancer  Renal/Kidney failure  HIV Infection  Rheumatic fever	∐ Heart Murmur		☐ Valvular Disease			
Edema (Swelling)**	Vein History:					
Pain Upon Standing**	☐ Varicose Veins		☐ Venous Reflux			
Neurological History:  Stoke Fainting Transient Ischemic Attack  Migraine Headache  Pulmonary & Endocrine History: Hyperthyroidism (overactive thyroid) Bronchitis** Hypothyroidism (underactive thyroid) COPD COPD Smphysema**  Gastroenterology History: Blood in the stool** Hiatal hernia GERD Peptic ulcer Hepatitis  Other History: Bleeding Disorder Cancer HIIV Infection  Rheumatic fever	☐ Edema (Swelling)**		☐ Throbbing legs**			
Stoke   Neuropathy   Fainting   Transient Ischemic Attack   Migraine Headache    Pulmonary & Endocrine History:   Hyperthyroidism (overactive thyroid)   Bronchitis**   Hypothyroidism (underactive thyroid)   COPD   Obesity   Emphysema**    Gastroenterology History:   Hiatal hernia   GERD   Peptic ulcer   Hepatitis   Vomit containing blood**    Other History:   Intravenous drug use   Cancer   Renal/Kidney failure   HIV Infection   Rheumatic fever	☐ Pain Upon Standing**		☐ Pain Upon Ambulation/Activity**			
☐ Fainting ☐ Transient Ischemic Attack   ☐ Migraine Headache   Pulmonary & Endocrine History: ☐ Hyperthyroidism (overactive thyroid)   ☐ Bronchitis** ☐ Hypothyroidism (underactive thyroid)   ☐ COPD ☐ Obesity   ☐ Emphysema**   Gastroenterology History: ☐ Hiatal hernia   ☐ GERD ☐ Peptic ulcer   ☐ Hepatitis ☐ Vomit containing blood**   Other History: ☐ Intravenous drug use   ☐ Cancer ☐ Renal/Kidney failure   ☐ HIV Infection ☐ Rheumatic fever	Neurological History:					
Migraine Headache    Pulmonary & Endocrine History:	☐ Stoke		□Neuropathy			
Pulmonary & Endocrine History:  Asthma	☐ Fainting		☐ Transient Ischemic Attack			
Asthma Hyperthyroidism (overactive thyroid)   Bronchitis** Hypothyroidism (underactive thyroid)   COPD Obesity   Emphysema** Hiatal hernia   Gastroenterology History: Hiatal hernia   GERD Peptic ulcer   Hepatitis Vomit containing blood**    Other History:    Bleeding Disorder Intravenous drug use   Cancer Renal/Kidney failure   HIV Infection Rheumatic fever	☐ Migraine Headache					
□ Bronchitis** □ Hypothyroidism (underactive thyroid)   □ COPD □ Obesity   □ Emphysema** □ Obesity    Gastroenterology History:  □ Blood in the stool** □ Hiatal hernia □ Peptic ulcer □ Hepatitis □ Vomit containing blood**  Other History: □ Bleeding Disorder □ Cancer □ Cancer □ Renal/Kidney failure □ HIV Infection □ Rheumatic fever	Pulmonary & Endocrine History:					
□ COPD □ Obesity   □ Emphysema** □ Hiatal hernia   □ Blood in the stool** □ Peptic ulcer   □ Hepatitis □ Vomit containing blood**    Other History:  □ Bleeding Disorder □ Cancer □ Cancer □ HIV Infection □ Rheumatic fever	☐ Asthma		☐ Hyperthyroidism (overactive thyroid)			
Gastroenterology History:  Blood in the stool** Hepatitis  Other History:  Bleeding Disorder Cancer HIV Infection  Gastroenterology History:  Hiatal hernia Peptic ulcer Vomit containing blood**  Intravenous drug use Renal/Kidney failure Rheumatic fever	☐ Bronchitis**		☐ Hypothyroidism (underactive thyroid)			
Gastroenterology History:    Blood in the stool**	☐ COPD		Obesity			
□ Blood in the stool** □ Hiatal hernia   □ GERD □ Peptic ulcer   □ Hepatitis □ Vomit containing blood**    Other History:  □ Bleeding Disorder □ Intravenous drug use □ Cancer □ Renal/Kidney failure □ HIV Infection □ Rheumatic fever	☐ Emphysema**					
□ GERD □ Peptic ulcer   □ Hepatitis □ Vomit containing blood**    Other History:  □ Bleeding Disorder □ Cancer □ Cancer □ HIV Infection □ Rheumatic fever	Gastroenterology History:					
☐ Hepatitis       ☐ Vomit containing blood**         Other History:         ☐ Bleeding Disorder       ☐ Intravenous drug use         ☐ Cancer       ☐ Renal/Kidney failure         ☐ HIV Infection       ☐ Rheumatic fever	☐ Blood in the stool**		☐ Hiatal hernia			
Other History:  Bleeding Disorder  Cancer  HIV Infection  Intravenous drug use  Renal/Kidney failure  Rheumatic fever	☐GERD		☐ Peptic ulcer			
☐ Bleeding Disorder       ☐ Intravenous drug use         ☐ Cancer       ☐ Renal/Kidney failure         ☐ HIV Infection       ☐ Rheumatic fever	Hepatitis		☐ Vomit containing blood**			
☐ Cancer ☐ Renal/Kidney failure ☐ HIV Infection ☐ Rheumatic fever						
☐ Cancer ☐ Renal/Kidney failure ☐ HIV Infection ☐ Rheumatic fever	-		☐ Intravenous drug use			
☐ HIV Infection ☐ Rheumatic fever	_					
	☐ HIV Infection		•			
	<u> </u>					

## Non-Cardiac Procedure/Surgery History: Please list past surgeries and include approximate date.

Surgery		Date (if known)		
Cardiac Tests/Surgery History: Please ch	eck 🛭 to indic	ate if the patient has h	ad any of the following.	
Cardiac Test/Surgery	Da	te (if known)	Physician	
□ EKG				
☐ Treadmill Stress Test				
☐ Nuclear Stress Test				
☐ Echocardiogram				
☐ Arterial Doppler				
☐ Aortic Ultrasound				
☐ Carotid Ultrasound				
☐ ABI Testing				
☐ Venous Ultrasound				
☐ Cardiac Catheterization				
☐ Coronary Intervention/Stent				
□ TAVR				
☐ Mitral Valve Clip				
☐ Cardiac Pacemaker				
☐ ICD/Defibrillator				
☐ Arrhythmia Ablation				
☐ Coronary Artery Bypass				
Number of bypasses:				
☐ Cardiac Valve Surgery				
Which valve(s):	_ <b>L</b>			
☐ Peripheral Vascular Intervention				
☐ Peripheral Vascular Surgery				
☐ Carotid Artery Surgery/Stent				
☐ Vein Ablation				
☐ Vein Extraction				
☐ Other:				

Social History:					
Smoker (cigarettes): [	Smoker (cigarettes):  Yes No Quit How many packs per day?				
Alcohol use:	☐ Yes ☐ No ☐ Socia	ally How many drin	How many drinks per day?		
Illicit Drugs use:	☐ Yes ☐ No	What type/how	What type/how often?		
Exercise: [	☐ Yes ☐ No	How often?	/week		
Type of exercise:					
Activities/Hobbies:					
Personal History:					
Place of Birth:		Marital	Status:		
Occupation:		Numbe	r of Children:		
Family History: Has the p	atient's family had a	ny of the following m	nedical conditions?		
☐ Bleeding Disorders	Diabetes Me	llitus 🔲 Family H	istory Is Unknown		
☐ Clotting Disorders	☐ Thyroid Diso	rder 🗌 Patient i	s Adopted		
Cardiac Family History: +	las the patient's fam	ily had any of the foll	owing cardiac conditi	ons?	
Heart Disease	☐ Parent	Sibling	☐ Child	Other:	
Age of Onset:					
Coronary Artery Disease	☐ Parent	Sibling	☐ Child	□Other:	
Age of Onset:					
Cardiac Failure	☐ Parent	Sibling	☐ Child	□Other:	
Age of Onset:					
Congestive Heart Failure	☐ Parent	Sibling	☐ Child	□Other:	
Age of Onset:					
High Cholesterol	☐ Parent	Sibling	☐ Child	□Other:	
Age of Onset:					
High Blood Pressure	☐ Parent	Sibling	☐ Child	□Other:	
Age of Onset:					
Stroke	☐ Parent	Sibling	☐ Child	□Other:	
Age of Onset:					
Other Condition:	Parent	Sibling	☐ Child	□Other:	
Age of Onset:					