

OCCUPATION: Now _____ Most of life _____

LIST ALL ALLERGIES TO MEDICATIONS:

LIST ALL REGULAR MEDICINES AND DOSES or provide a list of same:

FAMILY HISTORY: Does or did the patient's mother (M), father (F), brother (B), sister (S) have/had any of the following illnesses or problems. Please circle.

Heart attacks	NO	YES	M	F	B	S
Diabetes	NO	YES	M	F	B	S
High blood pressure	NO	YES	M	F	B	S
Tuberculosis	NO	YES	M	F	B	S
Cancer	NO	YES	M	F	B	S
Bleeding disorders	NO	YES	M	F	B	S

Does the patient use tobacco? Chew _____ Smoke _____ Number of packs cigarettes per day _____ Number of cigars per day _____ Quit? _____ When? _____

Does anyone in the house smoke? YES NO Does the patient drink alcohol? How many: _____ beers a day _____ drinks a day _____ glasses of wine a day

Has the patient had a blood transfusion? If so, what year _____

Has patients had immunizations? _____

Circle if the patient had any of the following operations: Put year in blank.

Hysterectomy	_____	Adenoidectomy	_____
Gall bladder removal (Cholecystectomy)	_____	Tonsillectomy	_____
Appendectomy	_____	Ear tubes	_____ If so, number of times? _____
Hernia repair	_____	Back or disc operation	_____
		Breast biopsy	_____

List any other operations and year:

Has the patient had any problems with anesthetics used during surgery? YES NO

If so, explain: _____

Circle if the patient has or had the following: Put year diagnosed in the blank

Heart attack	_____	Cancer	_____
High blood pressure	_____	Pneumonia	_____
Diabetes	_____	Emphysema	_____
Mitral valve prolapse	_____	Bronchitis	_____
Stroke (s) / TIA's	_____	COPD	_____
TB	_____	AIDS	_____
Hepatitis	_____	HIV+	_____
Colitis	_____		

Circle if the patient has or had the following problems: Circle only chronic problems

- Respiratory system: Shortness of breath, chronic or bloody cough, wheezing, asthma
- Cardiovascular: Shortness of breath on exertion, chest pain, palpitations
- Gastrointestinal: Nausea, vomiting, diarrhea, constipation
- Genitourinary: Frequent urination, pain or burning, on urination, urinary infection
- Neurological: Seizures, convulsions, weakness, numbness
- Psychiatric: Stress, depression, substance abuse

DATE: _____