



MEDICAL HISTORY QUESTIONNAIRE

IF IT HAS BEEN THREE OR MORE YEARS SINCE YOUR LAST VISIT, COMPLETE THE ENTIRE FORM
 IF LESS THAN THREE YEARS, PLEASE UPDATE AREAS THAT HAVE CHANGED SINCE THE LAST VISIT

Patient Name _____ Appt. Date _____ Date of Birth _____ Age _____

Gender Female Male Primary Care Doctor _____



PAST MEDICAL HISTORY

- | | | |
|--------------------------------------|---|---|
| <input type="radio"/> Arthritis | <input type="radio"/> Carotid Disease | <input type="radio"/> Kidney disease |
| <input type="radio"/> A-Fib | <input type="radio"/> Heart Failure | <input type="radio"/> Heart Attack |
| <input type="radio"/> Anemia | <input type="radio"/> Clotting Disorder | <input type="radio"/> Peripheral Arterial Disease (PAD) |
| <input type="radio"/> Angina | <input type="radio"/> Coronary Artery Disease | <input type="radio"/> Sleep Apnea |
| <input type="radio"/> Arrhythmia | <input type="radio"/> Diabetes | <input type="radio"/> Stroke/TIA |
| <input type="radio"/> Asthma | <input type="radio"/> Heart Murmur | <input type="radio"/> Syncope (passing out) |
| <input type="radio"/> Cancer _____ | <input type="radio"/> High Cholesterol | <input type="radio"/> Thyroid Disorder <input type="radio"/> Low <input type="radio"/> High |
| <input type="radio"/> Cardiomyopathy | <input type="radio"/> High Blood Pressure | <input type="radio"/> Blood Clots in Veins or Lungs |
| <input type="radio"/> COPD/Emphysema | <input type="radio"/> HIV/AIDS | <input type="radio"/> Liver Problems/Hepatitis A B C |
| <input type="radio"/> Aneurysm | <input type="radio"/> Depression | <input type="radio"/> Anxiety |
| <input type="radio"/> _____ | <input type="radio"/> _____ | <input type="radio"/> _____ |



Past Surgical History

- | | | |
|---|---|--|
| <input type="radio"/> AAA Repair | <input type="radio"/> Carotid Stenting | <input type="radio"/> Peripheral Stenting |
| <input type="radio"/> Cardiac Ablation | <input type="radio"/> Coronary Stenting | <input type="radio"/> Valve Repair/Replacement |
| <input type="radio"/> ASD Repair | <input type="radio"/> ICD | <input type="radio"/> VSD Repair |
| <input type="radio"/> Coronary Bypass | <input type="radio"/> Pacemaker | <input type="radio"/> Cardioversion |
| <input type="radio"/> Gall Bladder | <input type="radio"/> Hysterectomy | <input type="radio"/> C-Section |
| <input type="radio"/> Tonsils /Adenoids | <input type="radio"/> Fracture _____ | <input type="radio"/> Vasectomy |
| <input type="radio"/> Carpel Tunnel Release | <input type="radio"/> Cataract <input type="radio"/> left <input type="radio"/> Right | <input type="radio"/> Hip Replacement <input type="radio"/> left <input type="radio"/> Right |
| <input type="radio"/> Knee Replacement <input type="radio"/> Left <input type="radio"/> Right | <input type="radio"/> _____ | <input type="radio"/> Knee Surgery _____ |
| <input type="radio"/> Appendectomy | <input type="radio"/> _____ | <input type="radio"/> _____ |

Family History

		A-Fib	Coronary Artery Disease	Clotting Disorder	Diabetes	Heart Attack	Heart Disease	Heart Failure	High Cholesterol	High Blood Pressure	Stroke	Other
Relationship	Status											
Mother												
Father												
Brother												
Sister												

ADOPTED FAMILY HISTORY UNKOWN

