

Medical History

Patient: _____ Date: _____

Reason for today's visit: _____ Referred by: _____

Primary Care Physician: _____

Are you allergic to any medications: YES NO If yes, list:
1. _____ 2. _____

Do you have now, or have you ever had diseases or conditions of : (Please check YES or NO)

Lungs: YES NO **Other Systemic:** YES NO

Bronchitis

Emphysema

Asthma

Chronic Cough

Morning Cough

Pulmonary Embolus

Vascular:

Cardiologist Name & Phone #:

High Blood Pressure

Chest Pain

Heart Attack

Heart Murmur

Irregular Heartbeat

Pacemaker

Phlebitis

Bypass Surgery

Deep Venous Thrombosis

Do you drink alcohol? YES NO If YES _____ drinks per day

Do you use IV drugs? YES NO If YES, what? _____ How much? _____

Have you had or have you been exposed to HIV (AIDS)? YES NO

Have you ever had dental anesthesia (Novacaine)? YES NO Any bad reaction? YES NO

Skin:

When you are exposed to sun do you: Tan only Tan and burn Burn

Have you ever had skin cancer? YES NO If YES, What type? _____

Do you have a history of skin infection? YES NO

Has anyone in your family had skin cancer? YES NO If YES, Who? _____

Do any of your first-degree relatives have a severe drug reaction to medication? YES NO If YES, Name of medication? _____

Do you have a history of any specific skin diseases? YES NO

If YES, please list _____

List any other disease or condition we should know about: _____

List surgical procedures you have had in the last 6 months: _____

Please answer the following questions:

A. Do you smoke? YES NO If YES, how much: _____

B. Do you bleed easily? YES NO

C. (Women) Are you pregnant or nursing? YES NO Due Date: _____

D. Do you have artificial joints, valves? YES NO

E. What is your occupation? _____

F. What are your hobbies? _____

G. Are you claustrophobic? YES NO

OFFICE USE ONLY:

All. AntiB.

Bloodthinners

Tobacco use

All. Anesth

Pacemaker

Hepatitis, HIV

Cardiac HX

Artif. Joint or Valve

DM, Immunosup

Patient
Medical Assistant _____ (Initials)

Signed by Physician _____ Date _____

Reviewed by _____ Date _____