

HAVE YOU EVER HAD ANY OF THE FOLLOWING?:

ACID REFLUX	Y	N	FIBROMYALGIA	Y	N	OPEN SORES	Y	N
ANEMIA	Y	N	GOUT	Y	N	PAD/PVD	Y	N
ARTHRITIS	Y	N	HEART ATTACK	Y	N	PNEUMONIA	Y	N
ASTHMA	Y	N	HEART DISEASE/FAILURE	Y	N	PLANTAR FASCIITIS	Y	N
ABNORMAL BLEEDING	Y	N	HEPATITIS	Y	N	POLIO	Y	N
BACK TROUBLE	Y	N	HIV+/AIDS	Y	N	RHEUMATIC FEVER	Y	N
BLADDER INFECTIONS	Y	N	HIGH BLOOD PRESSURE	Y	N	SICKLE CELL DISEASE	Y	N
BLOOD CLOTS/DVT	Y	N	KIDNEY DISEASE	Y	N	SKIN DISORDER	Y	N
BLOOD TRANSFUSION	Y	N	LIVER DISEASE	Y	N	SLEEP APNEA	Y	N
BRONCHITIS/EMPHYSEMA	Y	N	LOW BLOOD PRESSURE	Y	N	STOMACH ULCERS	Y	N
CANCER	Y	N	LUPUS	Y	N	STROKE	Y	N
CAD	Y	N	LYMPHEDEMA	Y	N	THYROID DISEASE	Y	N
DIABETES	Y	N	MIGRAINE HEADACHES	Y	N	TUBERCULOSIS	Y	N
EDEMA	Y	N	MITRAL VALVE PROLAPSE	Y	N	VARICOSE VEINS	Y	N
EPILEPSY/SEIZURES	Y	N	NEUROPATHY	Y	N	WARTS	Y	N
OTHER: _____								

SOCIAL HISTORY

USE OF TOBACCO: NEVER QUIT – HOW LONG AGO? _____ SMOKE _____ PACKS/DAY FOR _____ YEARS

USE OF ALCOHOL: NEVER / NO LONGER USE HISTORY OF ALCOHOL ABUSE

CURRENT USE - TYPE _____ RARE OCCASIONAL MODERATE DAILY

USE OF RECREATIONAL DRUGS: (PLEASE NOTIFY DOCTOR IN ROOM)

DO OTHERS DEPEND UPON YOU FOR THEIR CARE? CHILDREN-AGE(S) _____ PET(S)-WHAT KIND? _____

ELDERLY OR DISABLED FAMILY MEMBER OTHER _____

FAMILY HISTORY:

DO YOU HAVE A FAMILY HISTORY OF: DIABETES CANCER HEART DISEASE HIGH BLOOD PRESSURE

STROKE CORONARY ARTERY DISEASE THYROID DISEASE RHEUMATOID ARTHRITIS

OTHER _____

RELATIONSHIP TO PATIENT: _____

SURGICAL HISTORY

DATE

SURGICAL HISTORY

DATE

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIOR HOSPITALIZATIONS (OTHER THAN SURGERIES): PLEASE INCLUDE REASON AND DATE

