



**PATIENT HISTORY**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you have or have a history of the following:**

**Lungs:**

- Bronchitis
- Emphysema
- Asthma
- Chronic bronchitis
- Morning cough

**Vascular:**

- High blood pressure
- Chest pain
- Prior myocardial infarction
- Functional murmur
- Rhythm disorder
- Pacemaker placement
- Thrombophlebitis
- High cholesterol
- Blood Transfusion

**Other Systemic:**

- Diabetes mellitus
- Hay fever
- Osteoporosis
- Thyroid disorder
- Renal disorder
- Bladder disorder
- Liver, stomach, or bowel disease
- Hepatitis \_\_\_\_\_
- Glaucoma
- Arthritis
- Epilepsy (seizure)
- Convulsive disorder
- Disorder of consciousness, fainting
- Headache

Other medical history:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List all medications you are currently taking, including over the counter medications:**

Medication	Strength	How often		Medication	Strength	How often

List your allergies: \_\_\_\_\_

**Social History:**

Do you drink alcohol? \_\_\_\_\_ If yes, how many drinks per day? \_\_\_\_\_

Do you use recreational drugs? \_\_\_\_\_ If yes, what type of drug and how often? \_\_\_\_\_

Have you ever been exposed to HIV (AIDS)? \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE ALSO**



Do you smoke? \_\_\_\_\_ If yes, what and how often? \_\_\_\_\_

What is your occupation? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

**Skin History:**

Have you ever had anesthesia (Lidocaine)? \_\_\_\_\_ If yes, have you ever had a reaction to Lidocaine? \_\_\_\_\_

When you are exposed to the sun does your skin:            Tan only            Tan and burn            Burn

Have you ever had skin cancer? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Has anyone in your family had skin cancer? \_\_\_\_\_ If yes, who and what type? \_\_\_\_\_

Do you have a history of any specific skin diseases? \_\_\_\_\_

Have you had surgery in the last 6 months? \_\_\_\_\_ If yes, what type? \_\_\_\_\_

Do you bleed easily or have known bleeding problems with previous skin excisions? \_\_\_\_\_

Do you premedicate with antibiotics before procedures? \_\_\_\_\_

Do you have any of the following:

- Mitral valve prolapsed
- Joint replacement
- Pacemaker/difibrillator
- Organ transplant
- Heart defect
- Artificial heart valve
- Heart murmur

**What are you here for today?** \_\_\_\_\_

How long has this problem been present? \_\_\_\_\_

What makes this problem better or worse? \_\_\_\_\_

What other symptoms has this problem created? \_\_\_\_\_

Women:

Are you pregnant? \_\_\_\_\_ If yes, when is your due date? \_\_\_\_\_

If no, are your planning to become pregnant? \_\_\_\_\_

Are you currently breast feeding? \_\_\_\_\_

