

Patient History

Name: _____

Date: _____

Chief Complaint: (Reason for Visit)

Medications : (name and dosage if known)

Allergies : (medications, foods, drugs, seasonal)

Adverse Reaction to Anesthesia: Y N _____

Anticoagulation: Are you currently on any of the following medications ?

Coumadin _____ Aspirin / Ecotrin _____ Platelet Inhibitor (eg Plavix) _____ Vit. E _____

Family History :

Details

Cardiac Disease: Y N _____
Cancer: Y N _____
Inflammatory Dis. Y N _____
Other: Y N _____

Social History:

Details

Alcohol Use: Y N _____
Tobacco Smoking: Y N _____
Substance Abuse: Y N _____

Past Surgical History:

Year Surgery Hospital Details

Reviewed by: _____

Patrick A. Meere, MD

Date: _____

Patient History (continued)

Name: _____

Date: _____

Review of Systems:

General:

Unexplained weight loss: Y N _____
Fever / chills / sweats: Y N _____
Chronic fatigue: Y N _____

Cardiovascular:

Heart disease: Y N _____
Previous heart attack: Y N _____
Pacemaker / defibrillator: Y N _____
High blood pressure: Y N _____
Poor circulation: Y N _____
Previous leg clots: Y N _____

Pulmonary:

Asthma: Y N _____
COPD: Y N _____
Shortness of breath: Y N _____
Pulmonary Embolus: Y N _____

Renal:

Renal failure: Y N _____
Dialysis: Y N _____

Hematological:

Bleeding disorder: Y N _____
Sickle cell disease: Y N _____
Gaucher's disease: Y N _____

Endocrine:

Diabetes: Y N _____
Thyroid Disease: Y N _____

Neurologic:

Migraines: Y N _____
Epilepsy: Y N _____
Parkinson's dis.: Y N _____
Chronic neuropathy: Y N _____
Spinal stenosis: Y N _____

Gastrointestinal:

Peptic ulcer: Y N _____
Diverticulitis: Y N _____
Inflam. Bowel dis.: Y N _____

Genitourinary:

Incontinence: Y N _____
Prostate disease: Y N _____

Dermatologic:

Psoriasis: Y N _____
Chronic cellulitis: Y N _____

ENT:

Deafness: Y N _____
Chronic sinusitis: Y N _____

Ophthalmic:

Cataracts: Y N _____
Glaucoma: Y N _____
Retinal disease: Y N _____

Psychiatric:

Anxiety disorder: Y N _____
Insomnia: Y N _____
Affective disorder: Y N _____
Chronic depression: Y N _____

Musculoskeletal:

Rheumatoid arthritis: Y N _____
Lupus: Y N _____
Lyme disease: Y N _____
Osteoarthritis: Y N _____
Joint replacements: Y N _____

Oncological:

Lung cancer: Y N _____
Breast cancer: Y N _____
Prostate cancer: Y N _____
Colon cancer: Y N _____
Skin cancer: Y N _____
Blood cancer: Y N _____

Any additional condition / comments :

Reviewed by: _____

Date: _____