VASCULAR MEDICAL HISTORY

Date:_____ **Patient Name:** _____ **DOB:** _____

Primary Care Dr. _____ **Other Drs.** _____

Referring Dr. _____ _____

Reason for visit: _____

List ALL current and past medical conditions:

_____

_____

_____

_____

_____

List ALL surgeries and operations:

_____

_____

_____

_____

_____

Do (or did) any of your parents/siblings/children have any of the following: (circle Y or N and list who)

High blood pressure	Y	N	_____	Stroke	Y	N	_____
Diabetes	Y	N	_____	Aneurysms	Y	N	_____
Heart failure/attack	Y	N	_____	Leg bypass	Y	N	_____
High cholesterol	Y	N	_____	Bleeding or clotting disorder	Y	N	_____

Do you smoke? Y N **Quit (when?____)** **If "yes" or "quit" how many packs per day** _____ **# years?** _____

Do you drink alcohol? Y N **If "yes" how many drinks per day?** _____

Do/did you use any illicit or recreational drugs? Y N

What type of exercise do you do? _____ **How often?** _____

Do you work? Y N **Retired** **Occupation:**_____

Are you married? Y N **Divorced** **Widowed/widower**

Check any of the following problems that you currently have:

__ Blurring/loss of vision	__ Abdominal pain	__ Skin rash	__ Headaches
__ Hearing loss/pain in ears	__ Nausea	__ Itching	__ Nose/gum bleeding
__ Numbness/tingling	__ Constipation	__ Easy bruising	__ Chronic sore throat
__ Weakness of limbs	__ Blood in stool	__ Slow to heal wounds	__ Hoarseness
__ Chest pain	__ Pain with urinating	__ Swelling of legs/ankles	__ Depressed mood
__ Shortness of breath	__ Dribbling of urine	__ Fevers	__ Suicidal thoughts
__ Heart palpitations	__ Blood in urine	__ Unexplained weight loss	__ Cramping in legs
__ Chronic cough	__ Back pain	__ Chills/night sweats	__ Coolness/discoloration
__ Coughing blood	__ Joint swelling/pain	__ Fatigue/malaise	__ Impotence

Physician signature _____ **Date** _____

Medication List

Patient Name: _____ **DOB:** _____

Drug allergies (include type of reaction): _____

_____

_____

Please list ALL *current* medications and dosage (include over-the-counter and alternative medicines also):

Updates (for staff use only)

Medication name	Dosage								

N = new DC = discontinued △ = changed dose