PATIENT HEALTH HISTORY

Date: **ACCT#:**

Last Name: **First Name:** **MI:**

Date Of Birth: **Age:** **Sex:**
Social Security #:

Referring Physician:
Please list the reason(s) for your visit to our office today:

HISTORY OF PRESENT ILLNESS: **TO BE COMPLETED BY PHYSICIAN ONLY!!**

H1. PAST MEDICAL HISTORY/SURGICAL HISTORY: (please give details below in space provided)

1. COPD/Lung Disease	YES	NO
2. Previous Vascular Surgery	YES	NO
3. Stroke	YES	NO
4. Heart Disease	YES	NO
5. Elevated cholesterol	YES	NO
6. Diabetes	YES	NO
7. Renal Failure	YES	NO
8. High Blood Pressure	YES	NO
9. Other medical conditions or prior surgeries: (If yes, please list.)	YES	NO

H2 REVIEW OF SYSTEMS

The following questions relate to health problems you have or have had in the past.

Please check yes or not and circle appropriate conditions:

YES	NO	General health (unexplained weight loss, unexplained weight gain, chronic fatigue, change in appetite, fever, chills)
YES	NO	Neurological (seizures, dizziness, previous stroke, TIA, aneurysm, hearing impairment, other_____________________)
YES	NO	Endocrine/hormonal (thyroid disease, adrenal disease, diabetes)
YES	NO	Ophthalmologic (glaucoma, cataracts, visual impairment, blindness, other_____________________)

PATIENT NAME:		**DATE:**
YES NO	Ears, nose, throat (snoring, hearing aids, ringing in the ears, sinus problems, hoarseness, nose bleeds, seasonal allergies)	
YES NO	Lung/Breathing (wheezing, asthma, bronchitis, emphysema, pneumonia, tuberculosis, coughing up blood, shortness of breath)	

YES NO	Cardiac (Chest pain/angina, congestive heart failure, palpitations, heart attack, ankle swelling, shortness of breath with exertion)
YES NO	Gastrointestinal (hiatal hernia, reflux esophagitis, ulcers, hepatitiis, yellow jaundice, gallbladder disease, pancreatic disease, chronic constipation or diarrhea, diverticulitis, GI bleeding, other intestinal disease_________________________)
YES NO	Renal (renal insufficiency, dialysis, other______________________)
YES NO	Urological (prostate disease, frequent bladder infections, impotence, kidney stones, other_____________)
YES NO	Immunological (rheumatoid arthritis, lupus, other____________________)
YES NO	Infectious (AIDS, hepatitis, TB, syphilis, endocarditis, MRSA, other________________________)
YES NO	Hematologic (anemia, bleeding problem, clotting problem, leukemia, other___________________)
YES NO	Psycho/ social (depression, anxiety, non-English speaking)
YES NO	Physical disability (problems with walking, other___________________)
YES NO	Dermatologic (psoriasis, eczema, other_________________)
YES NO	Vascular (varicose veins, aortic aneurysm)
YES NO	Malignancy (cancer, tumor, lymphoma)
YES NO	Musculoskeletal (osteoporosis, joint pain, arthritis, gout, weakness)
YES NO	Miscellaneous (congenital syndrome, Marfans Turner's, other___________________)

H4. DO YOU HAVE ANY ALLERGIES (including food or IV contrast dye): NO YES

Please list:

H5. MEDICATIONS:

Please list all prescription and non-prescription medicines including vitamins and aspirin.

NAME	DOSE/STRENGTH	FREQUENCY

H6. FAMILY HISTORY: (MEDICAL PROBLEMS IN FAMILY- PLEASE CIRCLE APPLICABLE CONDITIONS AND ADD ANY OTHERS YOU FEEL MIGHT BE IMPORTANT FOR THE DOCTOR TO KNOW)

Diabetes   Heart disease/ early cardiac death   Vascular disease   Varicose veins   Bleeding problems

Other:

H7. SOCIAL HISTORY: Occupation: Marital Status:

Do you smoke? Yes/No If yes, how long, how much?

Do you drink alcohol? Yes / No Beer/Wine/Hard Liquor #of 8-oz glasses per day

H8. PHYSICAL EXAMINATION: (To be completed by Physician)

VITAL SIGNS: WT: HT: PULSE: RESP: BP:

GENERAL: The patient appears stated age and is in no acute distress

PATIENT NAME:		**DATE:**

HEAD: Normocephalic, atraumatic. No scalp lesion or deformity.

EYES: Normocephalic. Pupils are equal, round and reactive to light. Extraocular movements are intact. Sclera non-icteric.

EARS, NOSE AND THROAT: No oral or nasal lesions. No airway obstruction. Dention adequate.

NECK: Soft, supple, without mass. No Jugular venous distention. No thyroid enlargement.

LUNGS: Clear with auscultation and percussion throughout. Normal excursions bilaterally.

HEART: Regular rate and rhythm. Normal S1, S2. No murmur, rub or gallop.

ABDOMEN: Soft, non-tender without masses. No hepatosplenomegally.

HEMATOLOGIC/LYMPHATIC: No lymphadenopathy in neck or groin area. No petechiae.

VASCULAR EXAMINATION: ***CAROTIDS*:** Equal by palpation without bruit.

UPPER EXTREMITY: Normal radial and ulnar pulses bilaterally. Normal capillary refill in all digits. No edema.
LOWER EXTREMITY: Palpable femoral, popliteal, dorsalis pedis and posterior tibial pulses bilaterally. Feet warm and well perfused with normal capillary refill in digits. No edema. No varicosities. No cyanosis.

MUSCULOSKELETAL: No clubbing. No back deformity.

NEUROLOGICAL: Alert and oriented X 3. Cranial nerves II-XII appear intact with no focal findings. Motor and sensory exam are non-focal and equal bilaterally. Mental status is intact.

SKIN: No rash. No ulcer. No unusual scarring. No abnormal pigmented lesion.

H9. OTHER PHYSICAL FINDINGS: **(To be completed by Physician)**

1.
2.
3.
4.
5.
6.
7.
8.

H10. DIAGNOSTIC DATA:

DIAGNOSES:

1)
2)
3)
4)

IMPRESSION/PLAN/MEDICAL DECISION:

Patient / Family understands Tests / Plan of Care and/or Risks of Surgical Procedure
(If applicable) YES NO

PHYSICIAN

JON SENKOWSKY. M.D.