Comprehensive Patient Medical History

(Review of systems)

Do you have any of the following:

(integument)	*(musculoskeletal)*	*(constitutional)*
Itching of the skin	arthritis	fever
Psoriasis	stiffness	chills
Skin Cancer	low back pain	nausea
Eczema	Bursitis	recent weight
Hives	gout	recent weight
Rash	Knee Pain	fatigue
Wounds	Hip pain	**NONE of these**

(past medical history)

Do you have or have you ever been treated for:

Stroke	Heart Attack	High Blood Pressure
Phlebitis	Vascular Disease	Heart Condition
Diabetes	Poor Circulation	Headaches
Hepatitis	Liver Disease	Osteoporosis
Arthritis	Anemia	Hearing/Ear Disorder
Sciatica	Rheumatic Fever	Lyme's Disease
Alzheimer's	Keloid/Thick Scar	Epilepsy
Nerve Disorder	Tuberculosis	⊙Gout
Glaucoma	Kidney Disease	Thyroid Problems
Asthma	Lung Disease	Psychiatric disorder
Cancer	Stomach Ulcer	**NONE of these**
HIV	Other(s): _____	

Do you have vascular grafts? **Yes** **No**
Do you have joint implants? **Yes** **No**
Do you have replacement heart valves? **Yes** **No**
Are you now under active chemotherapy? **Yes** **No**
Please list any serious injuries along with date of accident:
_____

Please list surgeries: Date: any complications?

_____ _____ _____

_____ _____ _____

_____ _____ _____

(Past family/social history)

List relationship to you of family members who have had:

Diabetes: _____ Foot Problems: _____
Arthritis: _____ Heart Attack: _____
Cancer: _____ Birth Defects: _____
Stroke: _____High Blood Pressure: _____

Are you currently pregnant? **Yes** **No**
Do you smoke? **Yes** **No** Packs/day ____ years ____
Alcoholic beverages? (circle one)
None Rarely Moderately Daily Quit
Are you taking Insulin? **Yes** **No**
Are you taking Coumadin/Plavix? **Yes** **No**

List all medications: **see separate list attached**

_____

_____

_____

_____

Allergies: ***(review of systems-Immunogenic)***

No allergies

Penicillin……...… _____
Morphine……...…… _____
Codeine……...…… _____
Demerol……... _____
Novocain…… _____
Aspirin……. _____
Tylenol…… _____
Advil, Aleve or Motrin…… _____
Sulfa drugs……... _____
Adhesive tape…… _____
Latex……. _____
Shrimp, Iodine or Merthiolate….. _____
Others: _____
_____

Additional comments:

I have reviewed and verified the information provided above and noted any significant findings:

_____ _____
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