



## PAST MEDICAL HISTORY

Please answer all the questions, if possible:

Name: \_\_\_\_\_

Date: / /

Check (✓) if you currently have or have had in the past.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Gastrointestinal Condition | <input type="checkbox"/> Blood in urine   |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Eye, Ear, Nose, Throat     | <input type="checkbox"/> Leakage of urine |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Skin                       | <input type="checkbox"/> Kidney stones    |
| <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Neurologic                 |   |
| <input type="checkbox"/> Lung Condition      | <input type="checkbox"/> Vascular                   |   |

Explain any checked condition \_\_\_\_\_

What previous SURGICAL PROCEDURES have you had?

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What MEDICATIONS are you taking on a regular basis? Please include over-the-counter drugs such as aspirin, Motrin, and vitamins:

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List all ALLERGIES including medications/substances:

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### Health Habits:

- Do you or did you ever **smoke**?       Yes     No      If yes, how many packs per day?      No. of years
- Do you drink alcoholic beverages?       Yes     No      If yes, how many drinks per day?

Have any of your blood relatives had any of the following conditions?

- Diabetes     Cancer     Kidney Disease     High Blood Pressure     Other

### Family History

	<b>Father</b>	Present State of Health/ Cause of death	<b>Mother</b>	Present State of Health/ Cause of death	<b>Spouse</b>	Present State of Health/ Cause of death
<b>Alive</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Deceased</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Brothers</b>	No. Alive	Health	No. Deceased	Cause of death		
<b>Sisters</b>	No. Alive	Health	No. Deceased	Cause of death		
<b>Children</b>	No. Alive	Age & Health	No. Deceased	Ages & Cause of death		

VASO HISTORY