

CARDIOVASCULAR DISEASE

Please review and check mark if it applies to you:

Constitutional

- Fever
- Weight Loss
- Fatigue

Eyes

- Decreased Vision
- Double Vision
- Pain in Eyes
- Fatigue

Ears, Nose, Mouth, Throat

- Hearing Problems
- Ringing in Ears
- Pain in Ears
- Running Nose
- Bleeding Nose
- Dentures
- Bleeding Gums
- Sore Throat

Cardiovascular

- Chest Pain
- Heart Murmur
- Previous Heart Attack
- History of Rheumatic Fever
- Previous Heart Tests

Pulmonary

- Wheezing
- Shortness of Breath
- Morning Cough
- Coughed Up Blood
- Prior Pneumonia or TB

Neurological

- Seizures
- Prior Stroke
- Pain in Legs
- Headaches
- Dizziness

Psychiatric

- Depression
- Psychiatric Admission
- Anxiety Attacks

Endocrine

- Thyroid Disease
- Diabetes

Blood Illness

- Anemia
- Leukemia
- Bleeding Problems
- Bruise Easily

Allergic/Skin

Allergy to Medication? Yes No

Please List Below:

- Skin or Breast Lump
- Breast Pain or Discharge
- Eczema

Musculoskeletal

- Pain in Muscles
- Weakness

Surgical History

Prior Surgeries

Anesthesia Problems

Do You Smoke?

Yes No

Did You Quit?

Yes No Not Yet

When?

Do You Drink Alcohol?

Yes No Sometimes

How Often?

Please list present medications doses and how taken:

Print Name _____

Signature _____
Patient/Legal Guardian

Date _____