

Reason for Visit / Chief Complaint: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Pregnancy Test — +  Signed Waiver  N/A  
 Post Hysterectomy  Post Menopausal

Alcohol Use:  No  Yes How Frequent? \_\_\_\_\_

**Tobacco Use:**

Former Smoker  Current Smoker

Date Stopped \_\_\_\_\_ What? \_\_\_\_\_

How Often / Much? \_\_\_\_\_

PAST MEDICAL / SURGICAL HISTORY:  None

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prosthetic Devices: \_\_\_\_\_

Problems with Anesthesia or Sedation? \_\_\_\_\_

**MEDICAL HISTORY:**

**Cardiovascular:**

- Heart Disease
- High Blood Pressure
- High Cholesterol
- Pacemaker / Defibrillator
- Irregular Heart Rhythm
- DVT / Blood Clots
- Mitral Valve Prolapse

**Pulmonary:**

- Bronchitis
- Pneumonia
- Emphysema
- Asthma
- TB
- COPD
- Sleep Apnea
- Asthma

**Neurological:**

- Numbness / Tingling
- Epilepsy / Seizures
- Paralyzed Body Parts
- Stroke
- Migraines

**Hematology:**

- AIDS / HIV
- Anemia

**Renal:**

- Kidney Disease

**Endocrine:**

- Diabetes
- Thyroid

**Vision:**

- Glaucoma

**Psychosocial:**

Do you feel safe in your home?

- Yes  No

- Anxiety
- Depression
- Chemical Dependency

**Hepatology:**

- Hepatitis: \_\_\_\_\_
- Liver Cirrhosis
- Liver Disease
- Varices
- Fatty Liver
- Elevated Liver Enzymes

**Musculoskeletal:**

- Arthritis

**Gastrointestinal:**

- Ulcers
- Trouble Swallowing
- GERD / Reflux
- Abdominal Pain
- Weight Loss
- Diarrhea / Constipation
- Rectal Bleeding
- Melena
- Hx Colon CA
- Hx Colon Polyps
- Positive Guaiac Test
- Barium Enema
- Barrett's Esophagus

**Cancer:**

Type: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_