

# StDavid's HEART & VASCULAR

## MEDICAL HISTORY QUESTIONNAIRE

IF IT HAS BEEN THREE OR MORE YEARS SINCE YOUR LAST VISIT, COMPLETE THE ENTIRE FORM

\*\*IF LESS THAN THREE YEARS, PLEASE UPDATE AREAS THAT HAVE CHANGED SINCE THE LAST VISIT\*\*

Patient Name \_\_\_\_\_ Appt. Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_

DO YOU HAVE A LIVING WILL OR A MEDICAL POWER OF ATTORNEY?

YES  NO

HAVE YOU HAD THIS SEASON'S FLU IMMUNIZATION

YES  NO DATE \_\_\_\_\_

HAVE YOU HAD YOUR PNEUMONIA IMMUNIZATION

YES  NO DATE \_\_\_\_\_

Please check anything you have been diagnosed with:

### PAST MEDICAL HISTORY

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="radio"/> Aortic aneurysm | <input type="radio"/> Carotid disease         | <input type="radio"/> Kidney disease              |
| <input type="radio"/> A-Fib           | <input type="radio"/> Heart Failure           | <input type="radio"/> Heart attack                |
| <input type="radio"/> Anemia          | <input type="radio"/> Clotting disorder       | <input type="radio"/> Peripheral arterial disease |
| <input type="radio"/> Angina          | <input type="radio"/> Coronary artery disease | <input type="radio"/> Sleep apnea                 |
| <input type="radio"/> Arrhythmia      | <input type="radio"/> Diabetes                | <input type="radio"/> Stroke/TIA                  |
| <input type="radio"/> Asthma          | <input type="radio"/> Heart murmur            | <input type="radio"/> Syncope (fainting)          |
| <input type="radio"/> Cancer          | <input type="radio"/> High cholesterol        | <input type="radio"/> Thyroid disease             |
| <input type="radio"/> Cardiomyopathy  | <input type="radio"/> High blood pressure     | <input type="radio"/> Varicose/Spider Veins       |

### OTHER MEDICAL HISTORY

- |  |  |   |
|--|--|---|
| <input type="radio"/> Anxiety                    | <input type="radio"/> Easy bruising/bleeding   | <input type="radio"/> Phlebitis/Swelling        |
| <input type="radio"/> Arthritis                  | <input type="radio"/> HIV/AIDS                 | <input type="radio"/> Rheumatic fever           |
| <input type="radio"/> Blood clots in veins/lungs | <input type="radio"/> Liver problems/Hepatitis | <input type="radio"/> Stomach/Intestinal ulcers |
| <input type="radio"/> COPD/Emphysema             | <input type="radio"/> Menopause                | <input type="radio"/> Tuberculosis              |
| <input type="radio"/> Depression                 | <input type="radio"/> _____                    | <input type="radio"/> _____                     |

### PAST CARDIAC SURGERIES

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="radio"/> AAA repair              | <input type="radio"/> Cardioversion  | <input type="radio"/> LARIAT                   |
| <input type="radio"/> Cardiac ablation        | <input type="radio"/> Carotid stent  | <input type="radio"/> Pacemaker                |
| <input type="radio"/> ASD repair              | <input type="radio"/> Coronary stent | <input type="radio"/> Peripheral stent         |
| <input type="radio"/> Coronary bypass         | <input type="radio"/> ICD            | <input type="radio"/> Valve repair/replacement |
| <input type="radio"/> Cardiac catheterization | <input type="radio"/> _____          | <input type="radio"/> _____                    |

**OTHER SURGICAL HISTORY**

- Appendectomy
- Carpel tunnel release
- Cataract
- C-section
- \_\_\_\_\_
- Fracture repair
- Gall bladder
- Hip replacement
- Hysterectomy
- \_\_\_\_\_
- Knee replacement
- Knee surgery
- Tonsils/Adenoids
- Vasectomy/Tubal ligation
- \_\_\_\_\_

**FAMILY HISTORY**

<i>Relationship</i>	<i>Alive/Deceased</i>	<i>Arrhythmia</i>	<i>Coronary artery disease</i>	<i>Clotting disorder</i>	<i>Diabetes</i>	<i>Heart attack</i>	<i>Heart disease</i>	<i>Heart failure</i>	<i>High cholesterol</i>	<i>High blood pressure</i>	<i>Stroke/TIA</i>	<i>Sudden cardiac death</i>	<i>Varicose veins</i>	<i>Venous insufficiency</i>
Mother														
Father														
Sister														
Brother														
Mat Aunt														
Mat Uncle														
Pat Aunt														
Pat Uncle														
MGM														
MGF														
PGM														
PGF														

Adopted

Family History Unknown