PATIENT HEALTH INFORMATION

NAME: ______________________ TODAY'S DATE: ______________________

HOME PHONE NUMBER: (______) ______________________ DATE OF BIRTH: ______________ AGE: ________

WORK PHONE NUMBER: (______) ______________________ HEIGHT: ____________ WEIGHT: ____________

FAMILY DOCTOR/INTERNIST: ____

REASON FOR VISIT: ____

PAST MEDICAL HISTORY: (OTHER THAN SURGERY) ____

____

____

PAST SURGERIES WITH DATES: ____

____

CURRENT MEDICATIONS: **INCLUDE DOSAGES AND INSTRUCTIONS FROM BOTTLE**
(PRESCRIPTION/OVER-THE-COUNTER/HERBAL/DIETARY SUPPLEMENTS):

______________ ______________ ______________

______________ ______________ ______________

______________ ______________ ______________

______________ ______________ ______________

DO YOU TAKE (routinely): Aspirin/Baby Aspirin? Coumadin/Warfarin? Lovenox? Plavix?

ARE YOU DIABETIC: YES / NO **IF YES, DO YOU TAKE GLUCOPHAGE/METFORMIN? GLUCOVANCE?**

ALLERGIES TO MEDICATIONS: ____

OTHER ALLERGIES: ____
(HAVE YOU EVER HAD A REACTION TO ANY DYE STUDIES: YES / NO)
(HAVE YOU OR A FAMILY MEMBER HAD A REACTION TO GENERAL AND/OR LOCAL ANESTHESIA? YES / NO

USE OF:

ILLICIT DRUGS: YES / NO WHAT KIND ____________ HOW LONG ____________ HOW MUCH ____________

ALCOHOL: YES / NO WHAT KIND ____________ HOW LONG ____________ HOW MUCH ____________

TOBACCO: YES / NO WHAT KIND ____________ HOW LONG ____________ HOW MUCH ____________

CAFFEINE: YES / NO WHAT KIND ____________ HOW LONG ____________ HOW MUCH ____________

SOCIAL HISTORY: single married divorced widowed other ____________ children: yes / no If yes, how many?: ________

OCCUPATION: ____

FAMILY HISTORY: Health status or cause of death of:

MOTHER: ______________________ FATHER: ______________________

SISTER(S): ______________________ BROTHER(S): ______________________

DAUGHTER(S): ______________________ SON(S): ______________________

OTHER: ____

ANY OTHER HEALTH PROBLEMS?: ____

____

_____ Dr. Ballard _____ Dr. Bermas _____ Dr. Black _____ Dr. Cheng _____ Dr. Duppler
_____ Dr. Klingbeil _____ Dr. Krieger _____ Dr. Tretinyak _____ Dr. Vogt _____ Dr. Winek

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