

PATIENT MEDICAL HISTORY

Name _____ Today's date _____

What is the reason for your visit today? _____

Please indicate below if you have or have had any of the following conditions:

- | | | |
|---|---|--|
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Pregnancy (#) |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Stomach/bowel problems | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures, Epilepsy | <input type="checkbox"/> Back problems |
| <input type="checkbox"/> Hayfever | <input type="checkbox"/> Blood transfusion | <input type="checkbox"/> Broken bones |
| <input type="checkbox"/> Sinusitis | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Liver disease |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart attack | <input type="checkbox"/> Blood clots |
| <input type="checkbox"/> Abnormal chest x-ray | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Kidney disease |
| <input type="checkbox"/> Cold (last 2 weeks) | <input type="checkbox"/> Abnormal bleeding | <input type="checkbox"/> Visual problems |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Abnormal ECG | <input type="checkbox"/> Diabetes |

Cigarette smoker? Yes No Packs per day? _____ Number of years _____

Previous smoker? Yes No Number of years _____ Quit when? _____

Alcohol consumption _____ drinks per day / week / month / year.

Please list all previous surgeries _____

Could you be pregnant now or planning on becoming pregnant? Yes No

Do you have any other medical conditions that Dr. Hardy should be aware of?

If yes, fill in here _____

Medications you currently take: _____

Drug Allergies (if none, please write none): _____

Height: _____ **Weight:** _____