

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ DOB: \_\_\_\_\_

Other Physicians or Specialists: \_\_\_\_\_

- 1) **PAST MEDICAL HISTORY:** (please check all that apply)  
 HEART DISEASE  ASTHMA  DIABETES  COPD  HEPATITIS  STROKE  
 BLEEDING DISORDER  HIGH BLOOD PRESSURE

Please list any other conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) **PAST SURGICAL HISTORY:** (please list any surgeries that you have ever had)  
 Check this box if NONE or fill in below

Surgery	Year	Comments

Any on-going or past treatments such as Chemo, radiation, IV treatments/infusions, allergy shots or allergy drops? \_\_\_\_\_  
\_\_\_\_\_

- 3) **OCCUPATIONAL HISTORY:** \_\_\_\_\_  
\_\_\_\_\_

- 4) **IMPLANTS:** \_\_\_\_\_  
(Examples: pacemaker, wires, screws or hardware, artificial joints)

- 5) **SOCIAL HISTORY:** do you ever drink alcohol? Y/N  occasionally  weekly  daily  
a. Do you smoke? Y/N  
b. Have you ever smoked? Y/N If so, how long? \_\_\_\_\_  
c. Have you been environmentally (second-hand smoke) exposed to tobacco smoke? Y/N  
d. Have you ever been exposed to tobacco smoke during your perinatal period or during your Mother's pregnancy with you? Y/N  
e. Have you ever been exposed to occupational (at work) tobacco smoke? Y/N  
f. Have you ever used any other tobacco products? (please indicate type of tobacco, please include use of e-cigarettes)  
How long? \_\_\_\_\_

- 7) **FAMILY HISTORY:**  HEART DISEASE  ASTHMA  DIABETES  COPD  HEPATITIS  
 STROKE  BLEEDING DISORDER  HIGH BLOOD PRESSURE  
 CANCER- LOCATION: \_\_\_\_\_

Please list any illnesses in the family: \_\_\_\_\_

Disease	Family Member	Comments

**PLEASE SIGN HERE:**

The above responses are accurate to the best of my knowledge: \_\_\_\_\_

(Patient-18 years of age or older, if under age parent or guardian signature)

\_\_\_\_\_  
(Date)

If you are not the patient, please print your name: \_\_\_\_\_

And relationship to patient: \_\_\_\_\_

**PLEASE DO NOT WRITE BELOW THIS LINE**

**DATE UPDATED:** \_\_\_\_\_ **REVIEWED BY:** \_\_\_\_\_

BJB    LVC    PBS    CFA    DPN    GA(B)P    RRM    NP    RF

03/06/2019