Name: _____ Date: _____

PATIENT HISTORY FORM

PAST MEDICAL HISTORY *Please check if you have been diagnosed with any of the following conditions.*

□ Asthma □ High Cholesterol □ Fibromyalgia □ Stomach ulcer
□ Emphysema □ High Triglycerides □ Lupus □ GERD (reflux)
□ Chronic Bronchitis □ Stroke □ HIV/AIDS □ Hiatal Hernia
□ Obstructive Sleep Apnea □ Blood Clots □ Hepatitis □ Diverticulosis
□ High Blood Pressure □ Diabetes □ Parkinson's Disease □ Diverticulitis
□ Low Blood Pressure □ Underactive Thyroid □ Migraines □ Colon Polyps
□ Heart Disease □ Overactive Thyroid □ Chronic Kidney Disease □ Enlarged Prostate
□ Heart Failure □ Osteoporosis □ Gout □ Anxiety
□ Heart Attack □ Rheumatoid Arthritis □ Hemorrhoids □ Depression

□ Irregular Heart Rhythm □ Arthritis □ Irritable Bowel Syndrome □ Cancer _____
Are there any other medical conditions that you have?

_____

PAST SURGICAL HISTORY *Please check if you have had any of the following surgical procedures and write the year that you had the procedure in the box.*

□ Hysterectomy (removal of uterus) □ Tonsillectomy (removal of tonsils) □ C – Section
□ Salpingo-oophorectomy (removal of ovaries and tubes) □ Adenoidectomy (removal of adenoids)
□ D & C
□ Mastectomy (removal of breast) □ Appendectomy (removal of appendix) □ Tubal ligation
□ Lumpectomy (removal of breast lump) □ Cholecystectomy (removal of gallbladder) □ Vasectomy
□ Prostatectomy (removal of prostate) □ CABG (heart bypass surgery) □ Hip replacement
□ Colon Resection (partial removal of colon) □ Coronary artery stent placement (in heart) □ Knee replacement
□ Liver Resection (removal of a section of liver) □ Heart valve replacement □ Gastric Bypass

□ Lobectomy (partial removal of lung) □ TURBT (resection of a bladder tumor) □ Gastrectomy (removal of stomach)
□ Pneumonectomy (removal of one lung) □ TURP (resection of part of prostate) □ Partial Gastrectomy (Partial removal of stomach)

□ Splenectomy (removal of spleen) □ Thyroidectomy (removal of thyroid) □ Whipple Resection

(removal of head of pancreas)
Are there any other surgeries that you have had?

_____