

INITIAL HISTORY AND PHYSICAL

Patient Name: _____ **Date:** _____
Reason for today's visit: _____ Primary Care Physician: _____
Allergies & Reactions : _____
Are you allergic to IV dye, iodine, shellfish? Yes/No _____
If yes, what kind of reaction? _____
Do you smoke? Yes/No _____
If yes, smoking history _____

Cardiac History: Yes/No Congenital Heart Disease: Yes/No
Heart Attack: Yes/No If yes, when & where? _____
Heart Catheterization: Yes/No If yes, when & where? _____
Angioplasty/stents: Yes/No If yes, when & where? _____
Cardiac/Heart Bypass Surgery: Yes/No If yes, when & where? _____
Any other of Bypass Surgery: Yes/No If yes, when & where? _____

Medical History: List your past illnesses and date they happened.

<u>Injury/Illness</u>	<u>Date</u>	<u>Injury/Illness</u>	<u>Date</u>
_____	/	_____	_____
_____	/	_____	_____
_____	/	_____	_____

Social History: Please circle all that applies to you personally. Married/Divorced/Single/Widow(er)

List Your Occupation: _____
Do you drink alcohol? Yes/No If yes, how much? _____
Have you ever used illegal drugs? Yes/No If yes, which drugs? _____

Do any of your family members have any of the following illnesses? Please check all that apply to you.

Diabetes Heart disease High Blood Pressure Stroke High cholesterol levels

Please list all medications that you take including prescription and non prescription.

<u>Medication</u>	<u>Date</u>	<u>Medication</u>	<u>Date</u>	<u>Medication</u>	<u>Date</u>
_____	/	_____	/	_____	_____
_____	/	_____	/	_____	_____
_____	/	_____	/	_____	_____

REVIEW OF SYSTEMS: Please check all that apply to you personally.

CONSTITUTIONAL: Weight loss Fatigue Fever
RESPIRATORY: Cough Coughing up blood Wheezing
EAR NOSE THROAT: Difficulty breathing Ringing in the ears Dizziness Sinus problems
GASTROINTESTINAL: Heartburn Nausea/vomiting Constipation Diarrhea
 Change in bowel habits Black/ Tarry Stools Blood in Stools Jaundice
 Abdominal Pain
GENITOURINARY: Pain while urinating Burning w/urinating Urinary Frequency
 Difficulty urinating
CIRCULATORY: Leg pain while walking Foot ulcers
HEMATOLOGICAL/ LYMPHATIC:
 Easy bruising Enlarged glands Bleeding gums
 Bleeding that doesn't stop quickly
MUSCULOSKELETAL: Joint pain or swelling Joint stiffness Muscle pain Back pain Neck Pain
SKIN:
 Rashes or sores Lesions Itching/burning skin
NEUROLOGICAL: Seizures Weakness/paralysis Numbness Tremors Memory Loss
ENDOCRINE: Hair Loss Heat or cold intolerances Brittle or easily broken nails
IMMUNOLOGICAL: Hay fever Asthma Hives/Eczema
PSYCHIATRIC: Anxiety Depression Mood Swings Insomnia