

	YES	NO	
Heart Disease			
Coronary Artery Disease (Stents / Bypass/ Angina)			
Heart Attack (Myocardial Infarction)			When?
Congestive Heart Failure			
Valvular Disease			
Abnormal Heart Rhythm (Cardiac Arrhythmias)			
Stroke			When?
Kidney Disease			
Stones			
Kidney Failure/Insufficiency			When diagnosed?
Lung Disease			
Emphysema (COPD)			
Asthma			
Bronchitis			
Cancer			
Cancer			
What type?			
Treatment given?			
HIV			When diagnosed?
DIABETES			When diagnosed?
HIGH BLOOD PRESSURE (HYPERTENSION)			
GASTROINTESTINAL			
Diverticulitis			
Colitis			
Ulcers			
Gallstones			

List other diseases not mentioned above

Previous surgery/dates

Previous surgery/dates

Family History

Have any of your family members had any of the following conditions?

(PLEASE LIST ALL THAT APPLY)

CANCER (Who/Relationship)	WHAT TYPE?
HEART DISEASE –Who	STROKE –Who
HYPERTENSION-Who	DIABETES-Who

FREQUENT OR CURRENT SYMPTOMS OR PROBLEMS THAT YOU HAVE. CHECK YES OR NO

	YES	NO	
General			
Fever			
Night sweats			
Weight loss			How much?
Weight gain			How much?
Fatigue			
Loss of appetite			
Cardiovascular			
Chest pain			
Abnormal heart beat			
Shortness of breath			
At rest			
With exercise			
Wake you at night			
Sleep with head elevated on more than one pillow.			
Fainting Spells			How often?
Leg swelling			
Pain in legs upon walking			How far?
Respiratory			
Cough			
Sputum production			
Wheeze			
Bloody Sputum			
Gastro-Intestinal			
Abdominal Pain			
Nausea			
Vomiting			
Diarrhea			
Difficulty swallowing			
Constipation			
Blood in stool			
Heartburn			
Genito-Urinary			
Painful urination			
Frequency/urgency			
Controlling bladder			

	YES	NO	
Blood in urine			
Difficulty urinating			
Urinating after bedtime			How many times?
Musculoskeletal			
Muscle pain			
Joint pain			Where?
Joint stiffness			Where?
Joint swelling			Where?
Skin			
Rash			Where?
Changes in skin			Where?
Neurological			
Headaches			
Visual Changes			Describe?
Numbness			Where?
Weakness			Where?
Dizziness			
Loss of balance			
Mini-Stroke			When?
ENT			
Earache			
Hearing loss			
Sore throat			
Hoarseness			
Painful swallowing			
ENDO			
Intolerance to heat			
Intolerance to cold			
Change in hair			
Change in skin			
Trembles			
Shakes			
Hot flashes			