VITAL

HEART & VEIN

PATIENT MEDICATION / HISTORY FORM

Patient Name: _____ DOB: _____

Current Medications

List all prescription medications, over-the-counter medications, and vitamins.

Medications / Vitamins	Dosage	Directions

Please list all allergies: _____

Past Medical History:

Cardiac
- ☐ Arrhythmias
- ☐ Congestive Heart Failure
- ☐ Coronary Artery Disease
- ☐ Heart Attack
- ☐ High Cholesterol
- ☐ Hypertension
- ☐ Valvular Heart Disease

Vascular
- ☐ Aortic Aneurysm
- ☐ Carotid Disease
- ☐ DVT
- ☐ Peripheral Vascular Disease
- ☐ Varicose Veins

Gastrointestinal
- ☐ GERD
- ☐ Peptic Ulcer Disease

Renal / GU
- ☐ Renal Failure

EENT
- ☐ Diabetes

Hematologic
- ☐ Anemia

Respiratory
- ☐ COPD
- ☐ Sleep Apnea (CPAP)

Neurologic
- ☐ Seizure Disorder
- ☐ Stroke

Cancer
- ☐ _____

Past Surgical History:
- ☐ Cardiac Cath
- ☐ Cardioversion
- ☐ Coronary Angioplasty/Stent
- ☐ Coronary Artery Bypass
- ☐ ICD Placement
- ☐ Pacemaker Implant
- ☐ RF Ablation
- ☐ Heart Valve Repair/Replaced
- ☐ Aneurysm Repair
- ☐ Appendectomy
- ☐ Back Surgery
- ☐ Carotid Surgery
- ☐ Cholecystectomy (Gallbladder Removed)
- ☐ Gastric Bypass
- ☐ Hysterectomy
- ☐ Kidney Stone treatment
- ☐ Knee Surgery
- ☐ Mastectomy
- ☐ Kidney Removed
- ☐ Tonsillectomy
- ☐ Thyroidectomy
- ☐ Other:_____

VITAL

HEART & VEIN

Pateint Name: _____ DOB: _____

Family History:

Heart Attack	☐ Yes ☐ No	Family Member_____
Stroke	☐ Yes ☐ No	Family Member_____
Coronary Bypass Surgery	☐ Yes ☐ No	Family Member _____
Diabetes	☐ Yes ☐ No	Family Member_____
High Blood Pressure	☐ Yes ☐ No	Family Member_____
Coronary Artery Disease	☐ Yes ☐ No	Family Member_____
Sudden Death	☐ Yes ☐ No	Family Member_____
Other:	☐ Yes ☐ No	Family Member_____

Social History:

Alcohol Use

Do you consume alcohol? ☐ Yes ☐ No How much per day/week? _____

Smoking Tobacco Use

Do you smoke / use tobacco? ☐ Yes ☐ No ☐ Former How much per day/week?_____

How did you hear about our practice? _____

Primary Care Physician / Other:_____

Pharmacy Information

Pharmacy Name: _____

Phone #: _____

Fax #: _____

Address: _____