

**Past Medical History**

*Please check and add details out to the side*

*Have you ever been told that you had:*

- |  |   |
|--|---|
| <input type="checkbox"/> Anemia  | <input type="checkbox"/> Liver disease  |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Lipid disorder                                       |
| <input type="checkbox"/> Aneurysm: abdominal <input type="checkbox"/> thoracic | <input type="checkbox"/> MI (heart attack)                                    |
| <input type="checkbox"/> Arthritis   | <input type="checkbox"/> Murmur   |
| <input type="checkbox"/> Atrial Fibrillation                                   | <input type="checkbox"/> MVP (mitral valve prolapse)                          |
| <input type="checkbox"/> Atrial Flutter  | <input type="checkbox"/> PAH (Pulmonary Artery Hypertension)                  |
| <input type="checkbox"/> Coronary artery disease                               | <input type="checkbox"/> Phlebitis  |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Pleurisy   |
| <input type="checkbox"/> Cellulitis  | <input type="checkbox"/> PUD (peptic ulcer disease)                           |
| <input type="checkbox"/> Claudication  | <input type="checkbox"/> Pulmonary Embolism                                   |
| <input type="checkbox"/> Congestive heart failure                              | <input type="checkbox"/> PVD (peripheral vascular disease)                    |
| <input type="checkbox"/> Connective Tissue Disease (Lupus, Sarcoidosis, etc)   | <input type="checkbox"/> Renal Failure <input type="checkbox"/> Insufficiency |
| <input type="checkbox"/> COPD (chronic obstructive pulmonary disease)          | <input type="checkbox"/> Rheumatic fever                                      |
| <input type="checkbox"/> CVA/Stroke  | <input type="checkbox"/> Rheumatic heart disease                              |
| <input type="checkbox"/> Deep Vein Thrombosis                                  | <input type="checkbox"/> Seizure Disorder                                     |
| <input type="checkbox"/> Diabetes (insulin or non-insulin dependent)           | <input type="checkbox"/> SVT (supraventricular tachycardia)                   |
| <input type="checkbox"/> Dialysis  | <input type="checkbox"/> Syncope  |
| <input type="checkbox"/> Endocarditis  | <input type="checkbox"/> TB (tuberculosis)                                    |
| <input type="checkbox"/> Gastrointestinal Bleed                                | <input type="checkbox"/> Thyroid disorder                                     |
| <input type="checkbox"/> Gastroesophageal reflux disease (GERD)                | <input type="checkbox"/> TIA (transient ischemic attack)                      |
| <input type="checkbox"/> Heart block   | <input type="checkbox"/> Valvular Heart Disease                               |
| <input type="checkbox"/> Hypertension  | <input type="checkbox"/> Ventricular Tachycardia                              |
| <input type="checkbox"/> Irregular heart rhythm                                |   |

**Surgical History**

*Please check and list date / facility / surgeon*

- Abdominal Surgery \_\_\_\_\_
- Amputation: above knee
- Amputation: below knee
- Anesthesia Problems
- Aneurysm Repair
- Aortic Valve Repair  Replacement
- Appendectomy
- Arteriogram  carotid  legs  kidneys
- Bypass: Aorta-femoral  left  right
- Bypass: Fem-pop  left  right
- CABG (Open heart)
- Congenital heart surgery
- Endarterectomy  Lt carotid  Rt carotid
- EPS (Electrophysiology Study)
- Gallbladder surgery
- Heart Cath (dye test)
- ICD (Defibrillator)  ICD : Bi-V
- Mitral Valve Repair  Replacement
- Pacemaker
- PTCA (Angioplasty / stent ) heart
- PTCA (Angioplasty / stent ) leg  kidney
- Stent  Aorta  Carotid  Iliac
- Surgical Complications
- Thyroid surgery

Other operations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_