Do not write, stamp, punch holes or affix a sticker in this area.

Personal / Family History

Please answer every question

PLEASE PRINT PATIENT'S LAST NAME

To reproduce, follow the printing instructions.
Do not fold this form.

Marking Instructions			
Please use a #2 pencil.	PLEASE PRINT PATIENT'S FIRST NA	ME PATIENT'S	DATE OF BIRTH
ill in the complete oval as shown		Month	Day Year
OBACCO USE			0 11
low would you describe your cigarette, pip	Smoker 🔵	Quit Non-Smoker	
/ears smoked:	Less t	than 10 years 🔘	10 years or more
		·	·
ALCOHOL USE		0 🔘	4+ (
Orinks per day:		1-3 🔾	Social Basis Only
HABITS			
Caffeine Use:		Yes 🔾	No
Exercise:		Yes 🔾	No
PAST SURGICAL HISTORY			
Cardiovascular			
Aneurysm Repair	Coronary Bypass		t Valve Surgery
Heart Angioplasty/Stent	Defibrillator Implant		ular Stent
Carotid Surgery/Stent	Pacemaker Implant	БІООС	d Vessel Surgery
General			opedic
Appendectomy	Gallbladder		ies Removed
Breast	Hernia	Plast	
Cataract	Hysterectomy	Prost	ate
		○ NON	E OF THE ABOVE
PERSONAL PAST MEDICAL HIS	TORY		
Cardiovascular	C Harris Add	<u> </u>	a -
Abnormal Hoart Bhithm or 540	Heart AttackHeart Murmur		Cholesterol or Triglyceride Circulation Problem
Abnormal Heart Rhythm or EKGBlood Clots	Heart Wurmur Heart Valve Disease		Stroke
Congestive Heart Failure	High Blood Pressure	-	ose Veins
General			
Anxiety/Depression	Emphysema/Asthma	Prost	ate Disease
Arthritis	Glaucoma/Cataracts	Psych	niatric Problems
Blood Diseases	Hepatitis	Rheu	matic Fever
Cancer (any kind)	Kidney Disease		ach Ulcers
			oid Disease
Convulsions or Epilepsy	Liver Disease	-	
	Liver Disease Lung Disease	-	rculosis

Do not write, stamp, punch holes or affix a sticker in this area.

Personal / Family History

Please answer every question

To reproduce, follow the printing instructions. Do not fold this form.

FAMILY MEDICAL HIST	ORY				
Please indicate which family m	embers ha	ve had the	se illnesses:		
	Father	Mother	Siblings		NO SIGNIFICANT FAMILY MEDICAL HISTORY
Abnormal Heart Rhythm					
Cancer					Mother, Grandmother, or Sister developed heart disease before the age of 60
Congenital Heart Disease				()	
Diabetes	0	0	0		Theat taisease serore the age of oo
Heart Disease	0				
High Blood Pressure	0	0			Father, Grandfather, or Brother developed
Stroke	0	0		()	heart disease before the age of 55
Sudden Death	0	0			
Valve Disease					
Mother Status					
mouner status					
Alive		If deceased, died of			at the age of:
Deceased		Heart Attack/Sudden Death		Sudden Death	
Unknown		<u> </u>	her		<u> </u>
Father Status					
Alive			sed, died of	 Sudden Death	at the age of:

○ Alone	With family/friends	 In an assisted living facility 	
Ethnic Background:			
Caucasian African American	His panic Asian	OtherPrefer not to disclose this information	

Other

Unknown

(Mark all that apply.)

Patient living with:

55+