Precision
Vascular & Interventional

Name____

General Patient Questions

Age__________

Reason for Visit____

General History					
Alcoholism	Yes	No	Hepatitis A	Yes	No
Anemia	Yes	No	Hepatitis B or C	Yes	No
Arthritis	Yes	No	Hernia	Yes	No
Asthma	Yes	No	High blood pressure	Yes	No
Bleeding tendency	Yes	No	High thyroid	Yes	No
Blood clots	Yes	No	HIV / AIDS	Yes	No
Blood transfusion	Yes	No	Hives	Yes	No
Breast cancer	Yes	No	Illicit drug use	Yes	No
Bronchitis	Yes	No	Keloid formation	Yes	No
Cancer	Yes	No	Kidney disease	Yes	No
Colon cancer	Yes	No	Liver disease	Yes	No
COPD	Yes	No	Low thyroid	Yes	No
Deep vein thrombosis	Yes	No	Lung cancer	Yes	No
Depression	Yes	No	Lupus	Yes	No
Diabetes	Yes	No	Migraines	Yes	No
Dialysis	Yes	No	Mitral valve prolapse	Yes	No
Eczema	Yes	No	Pneumonia	Yes	No
Emphysema	Yes	No	Prostate cancer	Yes	No
Epilepsy	Yes	No	Seizure	Yes	No
Glaucoma	Yes	No	Stroke	Yes	No
Heart attack	Yes	No	Tuberculosis	Yes	No
Heart failure	Yes	No	Ulcer	Yes	No
Hemorrhoids	Yes	No			

Comments

Activity Level	
Fully active	0
Restricted in strenuous activity, able to do light work	1
Can walk, provide all self care, moves more than 50% while awake	2
Limited self care, confined to bed more than 50% while awake	3
Disabled, no self care, completely confined to bed or chair	4

Social History			Type / Frequency / How long
Alcohol use	Yes	No	
Tobacco use	Yes	No	
Recreational drug use	Yes	No	

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Previous Hospitalizations	Year

Previous Surgery	Year

Active Medical Problems	Onset

Allergies	Symptoms

Family History	Alive		Medical Problems
Mother	Yes	No	
Father	Yes	No	
Brother	Yes	No	
Sister	Yes	No	
	Yes	No	
	Yes	No	

Medications	Reason

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Name____

Review of Systems	**Circle all that apply**	
Constitutional Symptoms	**Eyes**	**Gastrointestinal**
Good general health	Wear glasses	Heartburn
Recent weight loss	Wear contact lenses	Loss of appetite
Recent weight gain	Blurred or double vision	Change in bowel movements
Fever	Cataracts	Nausea or vomiting
Chills	**Ears / Nose / Mouth / Throat**	Diarrhea
Fatigue	Hearing loss	Constipation
Night Sweats	Ringing in the ears	Painful bowel movements
Cardiovascular	Earaches	Blood in bowel movements
Heart trouble	Drainage from ears	Abdominal pain
Palpitations	Sinus problem	**Neurological**
Chest pain or angina pectoris	Runny nose	Frequent or recurring headaches
Shortness of breath with walking	Nose bleeds	Light headed or dizzy
Shortness of breath lying flat	Mouth sores	Convulsions or seizures
Swelling of feet or ankles	Bleeding gums	Numbness or tingling
Varicose veins	Bad breath	Tremors
Deep vein thrombosis (DVT)	Voice change	Paralysis
Sores on feet or ankles	Sore throat	Head injury
Phlebitis	Swollen glands in neck	**Allergic/Immunologic**
Blood clots in legs	**Musculoskeletal**	Prior adverse reaction to:
Leg cramps when walking	Back pain	Penicillin or other antibiotics
Respiratory	Pain radiating down legs	Morphine or other narcotics
Chronic or frequent coughs	Joint pain	Lidocaine or other anesthetics
Shortness of breath	Hip pain	Aspirin or other pain remedies
Wheezing	Knee pain	Iodine
Emphysema	Shoulder pain	Betadine
Coughing up blood	Joint stiffness	**Skin / Breast**
Genitourinary	Joint swelling	Rash or itching
Burning or painful urination	Weakness of muscles	Change in skin color
Blood in urine	Weakness of joints	Change in hair or nails
Change in force of stream	Muscle cramps	Breast pain
Incontinence or dribbling	Muscle pain	Breast discharge
Kidney stones	Cold extremities	Breast lump
Sexual difficulty	Difficulty walking	
Endocrine	**Hematologic/Lymphatic**	**Psychiatric**
Glandular or hormone problem	Slow to heal after cuts	Memory loss
Excessive thirst or urination	Bleeding or bruising tendency	Nervousness
Heat or cold intolerance	Anemia	Depression
Skin becoming dryer	Past transfusion	Confusion
	Date of last transfusion	Insomnia
	Enlarged glands	