

ADVANCED HEART AND VASCULAR ASSOCIATES

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www.advancedhva.com

Patient Name: _____

MEDICAL HISTORY

Please check YES or NO if you HAVE BEEN DIAGNOSED with ANY of these conditions in your past:

Common Conditions	YES	NO	Common Conditions	YES	NO
Hypertension			Hypothyroidism		
Type 1 Diabetes			Coronary Artery Disease		
Type 2 Diabetes			Congestive Heart Failure		
High Cholesterol			COPD		
Osteoporosis			Osteoarthritis (generalized)		
Depression			Anxiety		
Cancer			Gastrointestinal		
Have you ever been diagnosed with Cancer?			Acid Reflux		
TYPE:			Barrett's Esophagus		
Hearing/Eyes/ENT			Peptic Ulcer Disease		
Glaucoma			Ulcerative Colitis		
Macular Degeneration			Irritable bowel syndrome		
Diabetic Retinopathy			Diverticulosis		
Hearing Loss			H/O Colon Cancer		
Ear Infections			Urinary/Renal		
Sinusitis Chronic			Polycystic kidney disease		
Respiratory			Nephrolithiasis		
Asthma			Urinary Incontinence		
COPD			History of UTI's		
Chronic Bronchitis			Musculoskeletal		
Interstitial lung disease			Arthritis - Location(s):		
Emphysema			Osteopenia/Osteoporosis		
Pulmonary Embolism			Lumbar disc disease		
Obstructive Sleep Apnea			Restless Leg Syndrome		
Tuberculosis exposure			Rotator cuff syndrome		
Cardiology			Sciatica		
Atrial Fibrillation			Spinal Stenosis of:		
Pacemaker / Date of Placement: _____			Cervical Spine		
Angina			Lumbar Spine		
CHF (Congestive Heart Failure)			H/O compression - Fractures		
Heart Attack (myocardial infarction)			Rheumatology		
Aortic Valve Disorder			Gouty Arthritis		
Mitral Valve Disorder			Fibromyalgia		
Neurology			SLE		
Alzheimer's Disease			Rheumatoid Arthritis		
Parkinson's Disease			Lupus Erythematosus		
Seizures			Hematology		
Stroke - Area Affected: _____			B-12 deficiency anemia		
Gait Instability with falls			Iron deficiency anemia		
Peripheral Neuropathy			Myelodysplastic Syndrome		
TIA's			Anemia		
Migraine Headaches			Endocrine		
Multiple Sclerosis			Grave's Disease		
Trigeminal Neuralgia			Hyperthyroidism		
Psychiatric			Hypothyroidism		
Alcoholism			Thyroid Nodule		
ADD/ADHD			Skin		
Bipolar Disorder			Basal Cell Carcinoma		
Bulimia			Squamous Cell Carcinoma		
Drug Abuse			Melanoma		
			Psoriasis		
			Rosacea		

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MEDICAL HISTORY PART II

Please check YES or NO if you HAVE BEEN DIAGNOSED with ANY of these conditions in your past:

Women Reproductive	YES	NO	Male Reproductive	YES	NO
Bladder suspension surgery			Erectile Dysfunction		
Fibrocystic breast disease			Prostate Enlargement		
Hysterectomy			Hypogonadism		
H/O of cervical or endometrial cancer			H/O of prostate cancer		
Polycystic ovarian disease			Urological implant		
Uterine Prolapse			Other:		

SURGICAL HISTORY

Please check YES or NO if you HAD with ANY of these procedures in your past:

General	YES	NO	Women	YES	NO
Aortic aneurysm repair			Breast Implants		
Aortic Valve Repair			Breast reduction		
Appendix removal (Appendectomy)			C-Section		
Bariatric surgery			Endometrial biopsy		
Carpal tunnel release			Hysterectomy : Partial Complete		
Cataract surgery : Right Left			Lumpectomy : Right Breast Left Breast		
Colon resection (Colectomy)			Mastectomy : Right Breast Left Breast		
Coronary artery - Bypass surgery			Men		
Fracture repair – Where?			Prostate Biopsy		
Gallbladder removal (Cholecystectomy)			Prostate Removal		
Gastric Bypass surgery			Joint Replacement		
Hemorrhoid removal (Hemorrhoidectomy)			Left Hip		
Hernia Repair : Femoral Inguinal			Right Hip		
Kidney Removal: (Nephrectomy) Right Left			Left Knee		
Mitral valve replacement			Right Knee		
Parathyroid removal (Parathyroidectomy)			Left Shoulder		
Pacemaker placement			Right Shoulder		
Polyp Removal (Polypectomy)			Right Elbow		
Septum and nose repair			Left Elbow		
Spinal surgery – Where?			Biopsy		
Type:			Bone Marrow		
Thyroid removal (Thyroidectomy)			Liver		
Tonsillectomy			Skin		
Varicose vein surgery			Mass Excision - Where?		

Please list any other items/procedures not listed:
