

Past Medical History

Please select any of the following that you have or have had in the past:

- aneurysm anxiety arrhythmia atrial fibrillation bleeding problems blood cots cancer
 circulation problems congenital heart disease coronary heart disease depression diabetes
 digestive problems fainting/syncope hearing impaired heart attack heart failure heart
murmur heart valve problems heartburn high blood pressure high cholesterol kidney disease
 rheumatic fever seizures sleep disorders stroke thyroid problems varicose veins
 vision problems

Is there anything else we should know about your past medical history?

Family History

Father's Past Medical History:

- None/NA aneurysm arrhythmia bleeding problems blood clots circulation problems
 coronary heart disease diabetes fainting/syncope heart attack heart failure heart murmur
 heart surgery heart valve problems high blood pressure high cholesterol kidney disease
 rheumatic heart disease stroke sudden death thyroid problems peripheral disease

Mother's Past Medical History:

- None/NA aneurysm arrhythmia bleeding problems blood clots circulation problems
 coronary heart disease diabetes fainting/syncope heart attack heart failure heart murmur
 heart surgery heart valve problems high blood pressure high cholesterol kidney disease
 rheumatic heart disease stroke sudden death thyroid problems peripheral disease

Siblings' Past Medical History:

- None/NA aneurysm arrhythmia bleeding problems blood clots circulation problems
 coronary heart disease diabetes fainting/syncope heart attack heart failure heart murmur
 heart surgery heart valve problems high blood pressure high cholesterol kidney disease
 rheumatic heart disease stroke sudden death thyroid problems peripheral disease

Children's Past Medical History:

- None/NA aneurysm arrhythmia bleeding problems blood clots circulation problems
 coronary heart disease diabetes fainting/syncope heart attack heart failure heart murmur
 heart surgery heart valve problems high blood pressure high cholesterol kidney disease
 rheumatic heart disease stroke sudden death thyroid problems peripheral disease

Social History

What is your primary language?

Translator needed?

- Yes No

Do you have any cultural or religious customs that we should be aware of?

- Yes No

If yes, please explain.

Are you a

- current smoker former smoker nonsmoker light tobacco smoker heavy tobacco smoker
 current every day smoker current some day smoker Smoker, current status unknown unknown if
ever smoked Uses tobacco in other forms

_____ (mm/dd/yyyy)

How often do you smoke cigarettes?

- every day some days, but not every day

How soon after you wake up do you smoke your first cigarette?

- within 5 minutes 6-30 minutes 31-60 minutes after 60 minutes

How many cigarettes a day do you smoke?

- 5 or less 6-10 11-20 21-30 31 or more

Are you interested in quitting?

- Ready to quit Thinking about quitting Not ready to quit

How long has it been since you last smoked?

- < 1 month 1-3 months 3-6 months 6-12 months 1-5 years 5-10 years > 10 years

When did you stop smoking?

_____ (mm/dd/yyyy)

Miscellaneous:

Please put the name, address, and phone number of your pharmacy here.

Where do you go for bloodwork?

- Quest LabCorp Hospital Other