

**Past Medical History - Self**

Y N

Abdominal Aortic Aneurysm		
Anemia		
Anxiety		
Arthritis Osteoarthritis or Rheumatoid		
Asthma		
Blood Products Received in Past		
Blood Transfusions Received in Past		
Bronchitis		
Bruise Easily		
Cancer TYPE?		
Chance of Pregnancy/Pregnant		
Chest Pain		
Cirrhosis		
Cold Hand and/or Cold Feet		
Congestive Heart Failure		
Deep Vein Thrombosis		
Dental Implants/Dentures/Caps		
Depression		
Diabetes		
Do you take insulin?	Y	N
Do you take medication?		N
Emphysema		
Glaucoma		
Heart Attack		
Heart Valve Problem/Stents/Pacemaker		
Hepatitis A B C		
Hernia		
Hypertension/High Blood Pressure		
Liver Disease		
Mental Illness		
Mononucleosis		
MRSA/Staph Infection		
Multiple Sclerosis		
Myasthenia Gravis		
Palpitations/Irregular heart		
Paralysis		
Parkinson Disease		
Phlebitis/Cellulitis		
Pulmonary Embolus		
Reflux/indigestion		
Rheumatic Fever		
Seizure Disorder		
Shortness of Breath		
Sickle Cell Anemia		
Sinusitis		
Sleep Apnea		
Stroke		
Thyroid Disease		
Tuberculosis		
Use of Steroids/Prednisone Past 6 months		
Wheezing		

**Patient Name**

**Family History**

Father Mother Brother Sister

High Blood Pressure				
Heart Problems				
Stroke				
Diabetes				
Asthma				
Emphysema				
Ulcers				
Hepatitis				
Cancer				
Thyroid Disease				
Osteoporosis				
Arthritis				
Kidney Disease				

Have you ever had any complications related to anesthesia? Yes No

If yes, what was the complication? \_\_\_\_\_

Family history of malignant hyperthermia? Yes No

**Tobacco use:** Yes-Chew or Smoke No

Former smoker? Yes No When did you quit? \_\_\_\_\_

How packs per day? \_\_\_\_\_

**Alcohol use:** Never Rare Social Daily Amount: \_\_\_\_\_

**Drug Use:** Former Never Rare Social Daily

Type: \_\_\_\_\_

**Do you have any of the following symptoms? Yes No**

Const	Unexplained weight loss		
	Unexplained weight gain		
Eyes	Blurred Vision		
	Eye Prosthesis		
ENT	Ringing in the ears		
	Difficulty swallowing		
	TMJ		
CV	Chest pain on exertion		
	Irregular heartbeat		
	Swelling-hands/ankle/feet-circle one		
Resp	Chronic cough		
	Short of breath with exertion		
GI	Constipation		
	Heart Burn		
	Indigestion		
	Bloody Stools		
GU	Difficulty Urinating		
Skin	Poor Healing		
	Skin Rashes / Open Sores		
	Shingles		
Neuro	Migraines		
	Numb/Tingling arms or legs (circle)		
Endo	Excessive Fatigue		
	Excessive Thirst		
	Excessive Urination		
Hema	Bleed Easily		
	Bruise Easily		

