Vascular Care
OF TEXAS, PLLC

MEDICAL HISTORY

Today's Date _____/_____/_____

NAME:_____

Birthdate:_____/____/_____ Age:____ Sex:____

OCCUPATION:_____

What is your approximate height? _____
Weight? _____

Reason for seeing the doctor today?

_____
_____
_____
_____

List all major illnesses or medical problems:

_____
_____
_____
_____

List all surgeries (give dates & type)

_____
_____
_____

List all medications you are allergic to and and the reaction you have_____

_____
_____

PERSONAL HISTORY

Have you had any of these conditions and when:

	No	Yes	Date
Pulmonary Embolism	____	____	_____
Blood Clots/DVT	____	____	_____
Rheumatic Fever	____	____	_____
Thyroid Disease	____	____	_____
High Blood Pressure	____	____	_____
Circulatory Problems	____	____	_____
Heart Disease	____	____	_____
Heart Murmur	____	____	_____
Hepatitis	____	____	_____
Chemotherapy	____	____	_____
Excess Bleeding	____	____	_____
Diverticulosis	____	____	_____
Pancreatitis	____	____	_____
Tuberculosis	____	____	_____
Emphysema	____	____	_____
Jaundice	____	____	_____
Arthritis	____	____	_____
Cirrhosis	____	____	_____
Cancer	____	____	_____
Colitis	____	____	_____
Diabetes	____	____	_____
Ulcer	____	____	_____
Epilepsy	____	____	_____
Anemia	____	____	_____
Stroke	____	____	_____
Asthma	____	____	_____
Hernia	____	____	_____
Glaucoma	____	____	_____

FAMILY HISTORY

Has someone in your paternal or maternal family had any of these medical conditions?

	No	Yes	Relation
Pulmonary Embolism	____	____	_____
Blood Clots/DVT	____	____	_____
Diabetes	____	____	_____
Tuberculosis	____	____	_____
Lung Disease	____	____	_____
Heart Disease	____	____	_____
Stroke	____	____	_____
Kidney Disease	____	____	_____
High Blood Pressure	____	____	_____
Cancer	____	____	_____
Bleeding Tendency	____	____	_____
Do you use alcohol?	____	____	

If yes, how often? _____ How long?_____
Do you use tobacco? ____ ____
If yes, amount? _____ How long?_____

MEDICATION INFO

Medication Name:	Strength	Dosage
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____
5._____	_____	_____
6._____	_____	_____
7._____	_____	_____
8._____	_____	_____
9._____	_____	_____
10._____	_____	_____
11._____	_____	_____
12._____	_____	_____