PLEASE REVIEW AND SELECT THE ITEMS THAT PERTAIN TO YOUR HEALTH HISTORY...

CURRENT OR PAST MEDICAL HISTORY:

____None
____Anxiety Disorder
____Arthritis
____Asthma
____Atrial Fibrillation
____Benign Prostate Hyperplasia (BPH)
____Cerebrovascular Accident (Stroke)
____Colon Cancer
____COPD
____Coronary Artery Disease
____Depression
____Diabetes
____Disease Caused by Covid-19
____Elevated Blood Pressure
____End Stage Renal Disease
____Epilepsy
____Gastroesophageal Reflux Disease
____H/O: Hypertension
____Hearing Loss
____Hepatitis
____HIV/AIDS
____Hypercholesterolemia
____Hyperthyroidism
____Hypothyroidism
____Inflammatory Disease of Liver
____Leukemia
____Malignant Lymphoma
____Malignant Tumor of Breast
____Malignant Tumor of Colon
____Malignant Tumor of Lung
____Malignant Tumor of Prostate
____Radiation Therapy Treatment
____Transplantation of Bone Marrow
____Other- list:_____

PAST SURGERIES:

____None
____Abdominoperineal Resection
____Biopsy of Breast
____Biopsy of Prostate
____Coronary Artery Bypass Graft
____Transplant of Kidney
____Excision of Basal Cell Carcinoma
____Excision of Melanoma
____Excision of Squamous Cell Carcinoma
____H/O: Colostomy
____H/O: Tubal Ligation
____H/O: Appendectomy
____H/O: Cholecystectomy (Gallbladder)
____H/O: Colectomy
____H/O: Liver Excision
____H/O: Coronary Angioplasty
____H/O: Tissue Graft Heart Valve Replacement
____H/O: Total Cystectomy (Bladder)
____H/O: Transurethral Prostatectomy
____Hysterectomy
____Kidney Biopsy
____Low Anterior Resection of Rectum
____Lumpectomy of Breast
____Right ____Left ____Both
____Mastectomy of Breast
____Right ____Left ____Both
____Mechanical Heart Valve Replacement
____Oophorectomy (Ovaries)Prostatectomy
____Pancreatectomy
____Percutaneous Kidney Stone Procedure
____Portosystemic Shunt Operation
____Prostatectomy
____Arthroplasty of Hips
____Splenectomy
____Surgical Biopsy of Skin
____Total Nephrectomy (Kidneys)
____Total Orchidectomy (Testicles)
____Total Replacement of Hip Joint
____Right ____Left ____Both
____Total Replacement of Knee Joint
____Right ____Left ____Both
____Transplant of Heart
____Transplant of Liver
____Other- list:_____

SKIN DISEASE HISTORY:

____None
____Acne
____Actinic Keratosis (Pre-Cancer)
____Asteatosis Cutis (Dry Skin Dermatitis)
____Basal Cell Skin Cancer
____H/O: Cold Sores/Herpes
____Contact Dermatitis due to Poison Ivy
____Dysplastic Nevi (Atypical Moles)
____Eczema
____H/O: Asthma
____H/O: Hay Fever
____Malignant Melanoma
_____Body Location _____Year Removed
____Pruritus of Scalp (Itching)
____Rosacea
____Squamous Cell Skin Cancer
____Sunburns of Second Degree/Blistering Sunburns
____Other: list:_____

Revised July 2023