



Wright State Vascular Surgery

2200 Philadelphia Drive, Suite 400

Dayton, Ohio 45406

(937) 276-2642

(937) 276-4419 (fax)

Patient Reported Medical History

Name Birthdate Ht Wt

Referring Doctor

Do you now or have you ever had:

- Yes No A sudden temporary weakness or numbness of the face, arms, legs?
Yes No A sudden loss of speech or trouble understanding speech?
Yes No Sudden memory loss?
Yes No A sudden loss or shading of your vision?
Yes No Sudden unexplained headache?
Yes No Severe dizziness?

In your legs, have you noticed

- Yes No Poor wound healing?
Yes No Hair loss from toes and feet?
Yes No Shiny skin?
Yes No Pain with walking?
Yes No Pain at rest?
Yes No Burning?
Yes No Constant leg pain?
Yes No Tingling?
Yes No Numbness or loss of sensation?

Have you ever had the following

- Yes No Abdominal aortic ultrasound? Where?
Yes No Carotid ultrasound? Where?
Yes No CAT scan? Where?

Risk factors

- Yes No Have you ever smoked? How long? How many packs? When did you quit?
Yes No Do you drink alcohol? How much?

History You Family members

Table with 3 columns: History, You, Family members. Rows include Heart disease, High blood pressure, Diabetes, Cancer, Tuberculosis, Circulation problems, Carotid artery disease, Stroke, Kidney disease.

Previous surgeries (Please give year if known)

- Tonsillectomy
Gallbladder
Appendectomy
C-section
Hysterectomy
Breast biopsy
Stomach surgery
Hernia repair
Mastectomy
Thyroid surgery
Bowel surgery
Vascular surgery
Other

Allergies:

Name of medication

Type of reaction

Medications you are currently taking: (Please include over the counter medications and any herbal supplements.)

Name

Dosage

Times per day

Review of systems (Please check the symptom(s) you have had in the *past year*.)

Skin:

- change in mole, color, size
- new growth or lump

Head/neck:

- black out spells
- seizures
- nose bleeds
- bleeding gums

Endocrine:

- intolerance to heat / cold
- breast lump or pain
- nipple discharge

Cardiovascular:

- chest pain
- heart failure
- irregular heart beat

Respiratory:

- cough
- wheezing/ asthma
- shortness of breath
- bronchitis

Musculoskeletal:

- gout
- joint swelling
- leg ulcers

Gastrointestinal:

- nausea
- heartburn
- loss of appetite
- jaundice (yellow skin)
- hiatal hernia
- food intolerance
- constipation
- diarrhea
- blood in vomit/ stool
- abdominal cramping

Genitourinary:

- bladder infections
- urinary dribbling, incontinence
- blood in urine
- kidney stone(s)
- prostate problems

Any other conditions:
