John V. White, MD, LLC **Date _____**
Vascular Surgery

Patient History Form

Name:_____ DOB _____

Referring Physician: _____

Referring MD Address: _____

Reason for Visit: _____

_____

Recent Tests (please indicate where test was performed)

_____

_____

Allergies (include latex): _____

Medications:

Medication	Dose	Frequency

Medication	Dose	Frequency

Surgical History (Please list <u>all</u> surgical procedures. Include angioplasty or stenting procedures)

Procedure	Year

Procedure	Year

<u>Medical History (Please check all that apply)</u>

□ Aortic Aneurysm
□ Arthritis
□ Asthma
□ Autoimmune Disease

John V. White, MD, LLC **Date _____**
Vascular Surgery

□ Cancer (Site _____)
□ Cerebrovascular Disease
□ Cervical Spine Disease (neck problems)
□ Claudication
□ COPD (lung disease)
□ Coronary Artery Disease
□ Deep Vein Thrombosis (DVT)
□ Diabetes
□ Gastroesophageal Reflux Disease (GERD)
□ Hepatitis
□ High Blood Pressure
□ High Cholesterol
□ Kidney Disease (renal failure)
□ Leg Ulcers
□ Liver Disease (Cirrhosis)
□ Lymphedema/Leg swelling
□ Lumbar spine disease (back problems)
□ Myocardial Infarction (heart attack)
□ Thyroid Disease
□ Pacemaker/AICD
□ Pelvic Pain
□ Peripheral Arterial Disease (PAD)
□ Peripheral Neuropathy
□ Raynaud's Disease/Syndrome
□ Stroke/TIA
□ Thoracic Outlet Syndrome
□ Thyroid Disease
□ Varicose Veins
Other _____
Other _____
□ **Bleeding Problems (please describe)** _____ _____

Family History (Please check all that apply)
□ Aortic Aneurysm (AAA)
□ Arterial Disease of Legs
□ Cancer
□ Diabetes
□ DVT (blood clots)
□ Heart Disease/ Heart Attack
□ Stroke
□ Varicose Veins
□ Other _____
□ Other _____

Social History
Marital Status: □ Married □ Widowed □ Single □ Divorced Do you live alone? □ Yes □ No

Do you smoke? □ Yes □ No If yes, how much ? _____

Have you smoked in the past? □ Yes □ No If yes, when did you quit ? _____

How much did you smoke prior to quitting ? _____

Do you drink alcoholic beverages? □ Yes □ No If yes, how much? _____

Please Do Not Write Below This Line

BP_____ Pulse_____ Comments_____

_____

_____

_____