Name:_____ **Date of Birth:**_____ **PATIENT HISTORY**

Medical History – ***Have you ever been diagnosed with any of the following? Please check all that apply.***

441.4	____abdominal aortic aneurysm	535.5	____gastritis
716.9	____arthritis	530.81	____GERD (gastroesophageal reflux)
714	____arthritis, Rheumatoid	365.9	____glaucoma
493	____asthma	412	____heart attack
427.31	____atrial fibrillation (currently)	455	____hemorrhoids
427.0	____atrial fibrillation (in past)	573.3	____hepatitis
595.9	____bladder/kidney infection	070.70	____hepatitis C
	____cancer - _____	571.0	____hepatitis due to alcohol
V58.1	____chemotherapy, currently	553.3	____hiatal hernia
V10.3	____breast cancer, history	401.9	____high blood pressure
V12.72	____colon polyps, personal history of	042	____HIV
V10.05	____colon cancer, personal history of	578.9	____intestinal bleeding
579	____celiac disease	564.1	____irritable bowel syndrome
571.5	____cirrhosis	593.9	____kidney disease
414	____coronary artery disease	592.0	____kidney stone
555	____Crohn's disease	088.81	____lyme disease
250	____diabetes	733.0	____osteoporosis
562.1	____diverticulosis	577	____pancreatitis
272	____elevated cholesterol	533	____peptic ulcer (DU 532, GU 531)
492	____emphysema	V58.0	____radiation therapy, currently
	____endocarditis (infected heart valve)	V15.3	____radiation therapy, past
617.9	____endometriosis	V12.59	____stroke
729.1	____fibromyalgia	556	____ulcerative colitis
574	____gallstones	244	____underactive thyroid
		780.57	____sleep apnea

____Other_____
_____

Surgical History – ***Have you had any of the following surgeries? Please check all that apply.***

	____aneurysm repair
	____appendectomy
	____back surgery
V58.2	____blood transfusion prior to 1992
V45.81	____coronary artery bypass surgery
	____c-section
	____cancer operation
	____carotid artery surgery
	____colon surgery
V45.79	____gallbladder surgery
V42.2	____heart valve replacement
	____hernia repair
	____hysterectomy
V45.02	____implanted cardiac defibrillator
V43.6	____joint replacement
	____ovary removal
V45.0	____pacemaker placement
	____prostate surgery
	____thyroid surgery
V45.86	____surgery for weight loss

____Other_____
_____

Family History

V16.0 - Colon or Rectal Cancer? Y N
Other cancer? Y N
Crohn's disease or ulcerative colitis? Y N
Alcoholism? Y N

Mother: Alive / Deceased (please circle)
List medical problems and/or cause of death:

Father: Alive / Deceased (please circle)
List medical problems and/or cause of death:

Brother 1:

Brother 2:

Sister 1:

Sister 2:

Other:

Social Habits

V15.82 Tobacco use? Y N How much? _____
Alcohol use? Y N How much? _____

Risk factors for HIV: IV drug use? Y N
Unprotected sex? Y N

( ) All reviewed with patient

_____ _____
Date **Initials**