



LONGSTREET CLINIC

Vascular & Vein

Today's Date _____

Name _____ DOB _____ Sex _____

Referring Physician's name and phone number _____

Primary Care Physician's name and phone number _____

Reason for today's visit _____

Allergies and reactions _____

Current medications and dosages including over the counter medication:

PAST MEDICAL HISTORY:

Cardiovascular: ___ Chest pain ___ Heart Attack ___ Atrial Fib ___ CHF ___ Heart disease (CAD)

___ High Blood Pressure ___ High Cholesterol ___ TIA ___ Stroke ___ Heart Murmur ___ Heart Valve

Respiratory: ___ Shortness of breath ___ Asthma ___ COPD ___ TB

GI: ___ GERD ___ Gallbladder Disease ___ Hepatitis ___ Constipation ___ Diarrhea

___ Diverticular Disease ___ GI bleeding

Endo: ___Type 1 Diabetes ___Type 2 Diabetes ___Hypothyroidism ___Hyperthyroidism

MEDICAL HISTORY continued:

Heme/Oncology: ___DVT ___Cancer ___Anemia ___Blood Disorder ___Pulmonary Embolism

Msk: ___Arthritis ___Rheumatoid Arthritis ___Osteoarthritis ___Backache ___Obesity

Skin: ___Skin Disorder ___Eczema ___Psoriasis ___Rashes

Gyn: ___Infertility ___Recent Pregnancy

Gu: ___UTI ___Acute Renal Failure ___Chronic Renal Failure ___Incontinence ___BPH

Psych: ___Depression ___Anxiety ___Bipolar Disorder ___Schizophrenia

Neuro: ___Seizures ___Alzheimer's ___Migraines ___Dementia ___Parkinson's Disease

Sleep: ___Insomnia ___Sleep Apnea

Other medical history not listed:

SURGICAL HISTORY:

Cardiovascular: ___CABG ___Valve Surgery ___Stent Placement ___Cardiac Cath ___Pacemaker

Resp: ___Lung Surgery

GI: ___Appendectomy ___Cholecystectomy ___Hernia Repair ___Weight Loss Surgery

Gyn: ___C-Section ___Tubal Ligation ___Hysterectomy ___D&C

Endo: ___Thyroidectomy ___Parathyroidectomy

Gu: ___TURP ___Prostatectomy ___Bladder Surgery ___Lithotripsy ___Nephrectomy (Left/Right)

Breast: ___Breast Biopsy ___Mastectomy ___Breast Reduction ___Breast Augmentation
 ___ Breast Reconstruction

Neuro: ___Spine Surgery ___Laminectomy ___Craniotomy

Heent: ___Sinus Surgery ___T&A ___Cataracts ___Oral Surgery

Msk: ___Knee Replacement ___Hip Replacement ___Shoulder Surgery ___Arthroscopy

Vascular Surgery: ___ Permcath ___ AV Fistula (Left/Right) ___ AV Graft (Left/Right)
___ Carotid Endarterectomy (Left/Right) ___ Carotid Stent (Left/Right)

Vascular Surgery:

___ Angiogram ___ Angioplasty ___ Endovascular repair of AAA ___ Open repair of AAA
___ Repair of Thoracic Aneurysm ___ Carotid Bypass
___ Carotid Subclavian Bypass ___ Bypass Aorto-Iliac ___ Bypass Aorto-Bifemoral-Iliac
___ Bypass Aorto-Femoral or Bifemoral ___ Bypass Femoral-Popliteal

Any other surgery not listed above _____

Social History:

Tobacco use: ___ Never Smoker ___ Current Smoker (___ packs per day) ___ Former Smoker (___ year quit)
___ Cigarettes ___ Vape ___ Dip/Chew ___ Pipe/Cigar

Alcohol use: ___ None ___ Rarely ___ Occasionally ___ Frequently ___ Daily (___ Number of drinks)

Marital Status: ___ Married ___ Single ___ Widowed ___ Significant other

Living Situation: ___ At Home Alone ___ At Home with Family ___ Assisted Living ___ Nursing Home

Family History (Include Mother, Father, and Siblings):

Heart disease _____

Cancer _____

High Blood Pressure _____

Stroke _____

Aneurysm _____

DVT _____

Diabetes _____

Varicose Veins _____