Arlington Vascular Office Vascular & Endovascular Surgery – Wound Care

ME: MARY CARE PHYSICIAN:		DATE OF BIRTH:		
		REFERRING PHYSICIAN:		
1. What is the rea	son for your visit?			
2. Habits:		If yes, how many packs per day? If you have quit, how long ago?		
Do you smoke? Do you use alco	ohol? ONo OYes	If you have quit, how lon	drink? g ago? lems with drug use?	
3. Please list other	diseases from which yc	ou currently suffer (heart, lu	ung, etc.):	
4. Please list any s	urgeries (operations), re	ason for the surgery, and	date of surgery:	
		eason for the surgery, and		
5. Allergies or adv	erse drug reactions?	D NO O Yes (If yes, please	list drug and type of reaction)	
 5. Allergies or adv 6. Family History: O 	erse drug reactions?	DNO OYes (If yes, please	list drug and type of reaction)	
 Allergies or adv Family History: O T. Medications: 	erse drug reactions? C Diabetes OHeart Disease Bleeding Problems O Ot	DNO OYes (If yes, please	list drug and type of reaction)	
 5. Allergies or adv 6. Family History: O O 7. Medications: 	erse drug reactions? C Diabetes O Heart Disease	DNO OYes (If yes, please	list drug and type of reaction)	
 5. Allergies or adv 6. Family History: O O 7. Medications: 	erse drug reactions? C Diabetes OHeart Disease Bleeding Problems O Ot Medications	DNO OYes (If yes, please	list drug and type of reaction)	
 5. Allergies or adv 6. Family History: O O 7. Medications: 	erse drug reactions? C Diabetes OHeart Disease Bleeding Problems O Ot Medications	DNO OYes (If yes, please	list drug and type of reaction)	

8. Preferred Pharmacy: _____

Phone: _____

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General

- □ fatigue
- □ fever
- □ chills
- weight loss/gain
- □ loss of appetite

Eyes, ears, nose, throat

- □ impaired vision
- □ glaucoma
- □ cataracts
- □ blindness
- □ tinnitus
- □ snoring
- \Box hearing aids
- □ sinus problems
- hoarseness
- □ seasonal allergies

Cardiovascular

- □ chest pain
- palpitations
- □ lower extremity edema
- □ CHF
- Heart attack
- \square Shortness of breath
- Varicose veins
- Aortic aneurysm

Respiratory

- □ shortness of breath
- □ wheezing
- □ persistent cough
- □ coughing up blood
- □ TB exposure/tuberculosis
- Asthma
- □ Bronchitis
- □ Emphysema
- Pneumonia

Muscle/joint/bone

- □ arms or hands
- □ back or hips
- □ legs or feet
- neck or shoulders

Immunologic

rheumatoid arthritis

Skin

- $\hfill\square$ chronic ulceration
- psoriasis
- eczema

Gastrointestinal

- □ Hiatal hernia
- □ reflux
- □ esophagitis
- □ ulcers
- hepatitis
- □ yellow jaundice
- □ gallbladder/pancreatic disease
- □ chronic constipation/diarrhea
- □ diverticulitis
- □ GI bleeding

Genitourinary

- □ frequent or painful urination
- □ blood in urine
- □ renal insufficiency
- □ dialysis
- □ prostate disease
- □ frequent bladder infections
- □ impotence
- □ kidney stones

Neurologic

- □ seizures
- □ tremors
- Ioss of balance
- □ previous strokes
- D TIA
- □ aneurysm

Musculoskeletal

- □ joint pain
- problems walking
- muscular weakness
- □ osteoporosis
- arthritis
- 🛛 gout

Endocrine

- □ history of diabetes
- □ history of thyroid disease

Psychiatric

- anxiety
- □ depression

Heme-Lymph

- 🛛 anemia
- □ bleeding/clotting problems
- Ieukemia