Horizon Vascular Specialists
Health Inventory and History

Patient Name: _____ **Date:** _____

Symptoms/Reason for Today's Visit: _____

Allergies (Food/Drugs/Environmental): _____

DO YOU HAVE/HAVE YOU HAD ANY OF THE ISSUES LISTED BELOW?

UTERINE CRAMPING	YES	NO	**INFERTILITY**	YES	NO
ABNORMAL BLEEDING	YES	NO	**SEXUALLY TRANSMITTED DISEASES**	YES	NO
PELVIC PAIN	YES	NO	**ABNORMAL PAP SMEAR**	YES	NO
VAGINAL DISCHARGE	YES	NO	**WEIGHT GAIN**	YES	NO
PAINFUL INTERCOURSE	YES	NO	**ENDOMETRIOSIS**	YES	NO
IRREGULAR PERIODS	YES	NO	**PELVIC INFECTION**	YES	NO
FIBROIDS	YES	NO	**MIGRAINE HEADACHES**	YES	NO

Date of Last Menstrual Period: _____

HEART DISEASE	YES	NO	**IMMUNE DEFICIENCY**	YES	NO
LIVER DISEASE	YES	NO	**AUTO-IMMUNE DISORDERS**	YES	NO
KIDNEY DISEASE	YES	NO	**VASCULAR CONDITIONS**	YES	NO
URINARY TRACT INFECTIONS	YES	NO	**DEEP VEIN THROMBOSIS**	YES	NO
HIGH BLOOD PRESSURE	YES	NO	**VARICOSE VEINS**	YES	NO
HIGH CHOLESTEROL	YES	NO	**LEG SWELLING**	YES	NO
DIABETES	YES	NO	**LEG HEAVINESS**	YES	NO
THYROID DISEASE	YES	NO	**CHANGE IN APPETITE**	YES	NO
LUNG DISEASE	YES	NO	**ABDOMINAL PAIN**	YES	NO
SHORTNESS OF BREATH	YES	NO	**FEVER OR CHILLS**	YES	NO
CANCER	YES	NO	**OTHER:** _____		

WHERE? _____ _____

WHEN? _____ _____

SOCIAL HISTORY

Do you...

SMOKE or CHEW TOBACCO? YES NO IF QUIT, WHEN? _____

IF YES, HOW LONG? _____ HOW MUCH? _____

DRINK ALCOHOL? YES NO IF QUIT, WHEN? _____

IF YES, HOW MUCH? _____ HOW OFTEN? _____

DRUG USE? Never Often Occasional Substance: _____

Major health problems of PARENTS:

Father □ Diabetes □ Hypertension □ Heart Disease □ Stroke □ Cancer

Mother □ Diabetes □ Hypertension □ Heart Disease □ Stroke □ Cancer □ Fibroids

MEDICATIONS (include any over the counter vitamins and supplements):

NAME/DOSE/HOW OFTEN:	NAME/DOSE/HOW OFTEN:

Height: _____ **Weight:** _____

SURGICAL HISTORY (please list AND include hospital and physician):

NAME/DATE/DOCTOR:	NAME/DATE/DOCTOR:

Do you have an Advance Directive? Yes No
Have you had an Influenza vaccine since the last September 1st? Yes No
Have you had a Pneumonia vaccine? Yes No