

SURGICAL ASSOCIATES OF THE CASCADES
Jack Hartley MD, John Land MD & George Tsai MD

Visit Date: _____

Patient Name: _____ **Birthdate:** _____

Referring/Primary Care Provider: _____

Reason for visit: Please list when condition started, is it better or worse now and what tests/treatments have been done. Any new medication started?

If here for Spider Vein or Varicose evaluation please fill in areas below and section on Vein Disease-page 3

If you have **pain**, please describe:
 Location _____
 Timing (continuous, occasional, episodic) _____

 Duration(min/hrs/am/pm) _____
 Quality (ache, sharp, dull, burning, tiredness, cramp, tender, throbbing, numb, stabbing) _____

 What makes it worse/better _____
 Severity 1-10 _____

PAST MEDICAL HISTORY

High Blood Pressure	Yes	No	Kidney Disease	Yes	No
Diabetes	Yes	No	Thyroid Disease	Yes	No
Neuropathy	Yes	No	Emphysema/COPD	Yes	No
Heart Problems	Yes	No	Cancer	Yes	No
Heart Attack/MI	Yes	No	Bleeding? Ulcer?	Yes	No
Heart Failure/CHF	Yes	No	Aneurysm	Yes	No
Stroke/CVA/TIA	Yes	No	DVT/Blood Clot	Yes	No
High Cholesterol	Yes	No	Varicose Veins	Yes	No
Seizures	Yes	No	Collapsed Lung	Yes	No

LIST ANY OTHER MEDICAL PROBLEMS _____

PAST SURGICAL HISTORY Check ones listed and list any other types and when:

Heart bypass _____	Hernia _____
Leg bypass R or L _____	Gallbladder _____
Vein surgery R or L _____	Thyroid _____
Carotid Surgery R or L _____	Aortic Aneurysm _____
Other _____	

SOCIAL HISTORY	Alcohol	Yes	No	If yes, how much _____
Tobacco	Yes	No	If yes, how much _____	Stopped when _____
Do you live alone?	Yes	No		
Work type _____				

Has anyone in your family ever had...	Father	Mother	Brother/Sister
Cancer			
Diabetes			
Hypertension			
Heart Problems			
Aneurysms			
Stroke			
Varicose Veins			

Provide list of **ALL Medications** and **Dose** you are currently taking-include all natural supplements_____

Med Allergies:	Pain Meds:

Review of Systems: Please circle all that apply

Constitutional: fever, chills, weight loss/gain- lbs_____

Skin: ulcers, rash, itching, cellulitis, melanoma, basal cell cancer, squamous cell cancer

Eyes: temporary loss of vision in one eye, blurred vision, cataracts, glasses

ENT: dentures, ear problems, hearing aid, nose bleeds, congestion, swallowing problem

Cardiac: chest pain, angina, chest pain with exertion, palpitations, leg swelling, ankle swelling

Respiratory: short of breath, wheezing, short of breath when lie flat

GI: nausea, vomiting, diarrhea, constipation, abdominal pain, blood in stools

GU: frequency, urgency, burning when urinate, prostate problems, kidney disease

Musculoskeletal: pain legs/calf with walking, sciatica, back pain, back disk disease, joint pain

Neurologic: dizzy, lightheaded, weak or numb one side-arm/leg/face, headache, pass out

Psych: depression, anxiety, psychosis, rehab for drug or alcohol abuse

Endocrine: excessive thirst or urination, thyroid disease

Heme/Immune: HIV/AIDS, Hepatitis A, B, C, Allergies, easy bruising, clotting disorder

Notes: _____

Patient Name: _____

History reviewed with patient Initials _____