

**CORONARY**

- YES NO HISTORY OF HEART ATTACK OR DISEASE \_\_\_\_\_
- YES NO HIGH BLOOD PRESSURE \_\_\_\_\_
- YES NO FLUTTERING OR PALPITATIONS OF HEART \_\_\_\_\_
- YES NO HISTORY OF BLOOD CLOT IN LEGS \_\_\_\_\_
- YES NO PAIN IN LEG, FEET OR HIPS AFTER WALKING THAT IS  
RELIEVED BY REST \_\_\_\_\_
- YES NO AWAKENED AT NIGHT WITH PAIN IN FEET \_\_\_\_\_
- YES NO HISTORY OF STROKE \_\_\_\_\_
- YES NO VARICOSE VEINS \_\_\_\_\_
- YES NO COOLNESS OF FEET \_\_\_\_\_
- YES NO HISTORY OF TEMPORARY LOSS OF STRENGTH OF  
EXTREMITIES, LOSS OF FEELING, SLURRED SPEECH \_\_\_\_\_
- YES NO TINGLING AROUND MOUTH, OR BLURRED VISION IN ONE  
EYE \_\_\_\_\_
- YES NO ULCERS OR SORES ON FEET OR LEGS \_\_\_\_\_

**GASTROINTESTINAL**

- YES NO HISTORY OF ULCER DISEASE \_\_\_\_\_
- YES NO HISTORY OF GALLBLADDER DISEASE \_\_\_\_\_
- YES NO HISTORY OF COLON/BOWEL DISEASE \_\_\_\_\_
- YES NO HISTORY OF LIVER DISEASE OR HEPATITIS \_\_\_\_\_
- YES NO HISTORY OF YELLOW JAUNDICE \_\_\_\_\_
- YES NO HISTORY OF RECTAL DISEASE OR HEMORRHOIDS \_\_\_\_\_
- YES NO VOMIT BLOOD \_\_\_\_\_
- YES NO ABDOMINAL PAIN \_\_\_\_\_
- YES NO IS ABDOMINAL PAIN RELATED TO FOOD? \_\_\_\_\_
- YES NO CHANGE IN CALIBER, COLOR, FREQUENCY OF STOOL \_\_\_\_\_
- YES NO **BLACK STOOL** \_\_\_\_\_
- YES NO HISTORY OF HERNIA \_\_\_\_\_
- YES NO HISTORY OF ANEMIA \_\_\_\_\_
- YES NO FREQUENT CONSTIPATION OR DIARRHEA \_\_\_\_\_
- YES NO DO YOU FOLLOW A SPECIAL DIET AT HOME? \_\_\_\_\_
- YES NO ARE THERE ANY FOODS YOU CANNOT EAT? \_\_\_\_\_
- YES NO HAVE YOU LOST OR GAINED WEIGHT RECENTLY? \_\_\_\_\_  
IF SO, HOW MUCH? \_\_\_\_\_

**G.U.**

- YES NO BURNING WITH URINATION \_\_\_\_\_
- YES NO DIFFICULTY STARTING TO URINATE \_\_\_\_\_
- YES NO LOSE URINE WITH COUGH OR STRAINING \_\_\_\_\_
- YES NO HISTORY OF BLADDER OR KIDNEY INFECTIONS \_\_\_\_\_
- YES NO HISTORY OF OTHER RENAL DISEASE \_\_\_\_\_
- YES NO BLOOD IN URINE \_\_\_\_\_
- YES NO FREQUENTLY WAKE UP AT NIGHT TO PASS URINE OR  
URINATE \_\_\_\_\_

**FEMALES ONLY**

- YES NO CURRENTLY HAVING A PERIOD? IF SO, DATE OF LAST \_\_\_\_\_
- YES NO ARE PERIODS REGULAR? \_\_\_\_\_
- YES NO VAGINAL DISCHARGES \_\_\_\_\_
- YES NO BREAST MASSES \_\_\_\_\_
- YES NO BREAST BIOPSIED OR ASPIRATED. \_\_\_\_\_ IF SO, EXPLAIN  
\_\_\_\_\_
- YES NO CHILDREN? \_\_\_\_\_ IF SO, WHAT AGES \_\_\_\_\_  
MEANS OF CONTRACEPTION \_\_\_\_\_