

# St. Dominic Chronic Care Clinic

## Patient Medical History

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
(Please Print)

Family MD: \_\_\_\_\_ Cardiologist: \_\_\_\_\_

Allergies: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Previous Surgeries: Mark all that apply

|                 |                             |              |
|-----------------|-----------------------------|--------------|
| Appendectomy    | Back                        | Breast       |
| Heart/Bypass    | Cardiac Catherization/Stent | Colon        |
| Hip             | Hysterectomy                | Knee         |
| Lung            | Neck                        | Stomach      |
| Pacemaker/defib | Prostate                    | Gall bladder |

Other: \_\_\_\_\_

### Medical History: Mark all that apply

|                            |                |                             |
|----------------------------|----------------|-----------------------------|
| Arthritis                  | Rheumatoid     | Cholesterol/ Lipid disorder |
| Acid reflux                | Gastric ulcers | TIA                         |
| CHF                        | Heart attack   | Hypertension                |
| Anxiety                    | UTI            | Hepatitis                   |
| Cirrhosis                  | Gallstones     | Asthma                      |
| Osteoporosis               | Bronchitis     | Emphysema                   |
| Pneumonia                  | Bipolar        | Headaches                   |
| Depression                 | Dementia       | Stroke                      |
| Alzheimer's                | Seizures       |                             |
| Pituitary/Thyroid disorder |                | Renal Disease/Failure       |

Other: \_\_\_\_\_

**Diabetes:** Diet controlled      Insulin dependent      Oral meds

**Cancer:** Type: \_\_\_\_\_

**Social History:** Alcohol Use      Smoker      Chews tobacco

### Family History

Please specify any diseases from the list above for immediate family members (mother, father, brother or sister).

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