

ADULT MEDICAL HISTORY

Complete form before PASE appointment.

Yes No

Height \_\_\_ ft. \_\_\_ in. Weight \_\_\_ lbs.

- Do you have a known sensitivity to products containing latex...
Have you or any family member had a high fever during or after an anesthetic?
Have you or any family member had a blood clot in the legs, arms or lungs?
Do you have chest pain or shortness of breath when you climb stairs or walk up a hill?
Are you able to breathe when you lie flat?
Do you sleep in a bed or a chair?
Females only: Are you or could you be pregnant?
Have you been hospitalized or evaluated by a doctor for heart, lung, kidney or liver disease in the past year?

Checkmark if you have ever had any of the following tests:

- EKG
Heart catheterization
Echocardiogram (ultrasound of heart)
Treadmill - stress test

List all previous surgeries and the approximate year

List allergies or drug sensitivities, if any (name and reaction)

Checkmark those you have or have been treated for:

- Diabetes: Insulin, Pump, Oral medication
Hypertension (high blood pressure), Pacemaker, Internal cardiac defibrillator, Coronary Stent
Stroke - what year
Lung disease (asthma, sleep apnea, COPD, loud snoring, daytime sleepiness)
Liver disease - Hepatitis (yellow jaundice), bruising/bleeding tendency
Cancer
Gastrointestinal condition (reflux/heartburn/GERD)
Other Medical Problems:
Tobacco use: packs/day, Previous tobacco use. Years since use
Alcohol use: drinks/day

COMPLETE YOUR MEDICATION LIST ON THE REVERSE SIDE OF THIS FORM!

409-50001

04/11



ADUL MED



C-6 ADULT MEDICAL HISTORY

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