LOUISIANA HEALTHCARE ASSOCIATES, LLC

Date:_____

Patient Name:_____ **DOB:**_____ **AGE:**_____ **SEX:**_____

Reason For Visit:_____ **RACE:**_____ **ETHNICITY:**_____

Drug or Food Allergies/Reaction:	**Primary Care Physician:** **Cardiologist:**

Current Medications

Name	Dosage	Frequency

Please list all previous surgeries with date

1._____ 4:_____

2._____ 5._____

3._____ 6._____

REVIEW OF SYSTEMS - Do you have a history of the following medical problems?

NO	YES		NO	YES	
_____	_____	High Blood Pressure	_____	_____	Anemia/Easy Bruising/Free Bleeding
_____	_____	Chest Pain/Shortness of Breath	_____	_____	Sickle Cell/Other Blood Disease
_____	_____	Heart Attack/Heart Murmur	_____	_____	DVT
_____	_____	Pacemaker/AICD	_____	_____	Epilepsy, Seizures
_____	_____	Irregular Heart Beat/Other Heart Disease	_____	_____	Fainting or Dizziness
_____	_____	Asthma/Bronchitis	_____	_____	Stroke, Paralysis, Other Neuro Disorder
_____	_____	Emphysema/Other Lung Disease	_____	_____	Depression, Anxiety, Psych Disorder
_____	_____	Limited neck Motion, Pain or Injury	_____	_____	Back Problems/Arthritis/Swelling
_____	_____	Jaw Clicking, Pain or Stiffness	_____	_____	Thyroid Problems/Goiter
_____	_____	Facial Plastic or reconstructive Surgery	_____	_____	Eye Disease
_____	_____	Hepatitis, jaundice or Liver Disease	_____	_____	Recent Cough, Cold or Flu
_____	_____	Nausea/Vomiting	_____	_____	Headaches or Recent Visual Changes
_____	_____	Indigestion/Ulcers/Reflux/Hiatal hernia	_____	_____	Immunosuppression /Chemotherapy
_____	_____	Kidney Disease	_____	_____	Do you sleep on 2 or more pillows?
_____	_____	Diabetes Mellitus	_____	_____	Sleep Apnea – CPAP?_____
_____	_____	History of Falls	_____	_____	Cancer – Type_____
			_____	_____	Any type of Implant_____

SOCIAL HISTORY Circle All That Apply

Do/Did you smoke? NO YES QUIT Packs Per Day_____ How Many Years?_____ If Quit When?_____

Caffeine Consumption: COFFEE TEA SODA ENGERY DRINKS TABLETS How many per day?_____

Alcohol Consumption: BEER WINE LIQUOR How many drinks_____/ per DAY WEEK MONTH SOCIALLY